



NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

**THE COUNTY
MEDICAL OFFICER
OF HEALTH**

FOR THE YEAR

1970



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THE COUNTY
MEDICAL OFFICER
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FOR THE YEAR

1970

HEALTH COMMITTEE, 1970

Chairman :

Councillor Mrs. B. N. LYNDON SKEGGS J.P.

Vice-Chairman :

Councillor A. R. JOHNSTON

Aldermen :

ALLAN Mrs. M.

GRAY J.

BRIGGS A. O.B.E.

HORN T.

EASTON T.

PHILLIPS J. D.C.M.

FLEMING Miss M. E. S.

RICHARDSON Mrs. J.

GARROW Sir NICHOLAS O.B.E.

SHARP, Mrs. J.

Councillors :

BAGLEE, J. H.

HUDSON, Mrs. A.

CHAPMAN, S.

McFADYEN, J. A.

COWEY, Mrs. S.

MOORE, J. S.

DIXON, N. J.

MURRAY, F. J.

DODDS, Miss E.

RAWES, R. W.

FAITH, Mrs. S.

TATE, Mrs. J.

GALLOWAY, A. M.

WRANGHAM, Mrs. A. E. H.

Co-opted Members :

BIRKETT, J.

SIMPSON-BRASS, Dr. A. McK.

HARDY, Mrs. W.

SLACK, W. RENTON B.

PAULIN, Mrs. J. S. C.

Ex-officio Members :

Alderman The Right Hon. VISCOUNT RIDLEY, T.D., D.L.
(Chairman of the Council)

Alderman Mrs. J. G. M. HEPPELL (Vice Chairman of the Council)

Alderman S. T. PICKUP (Chairman of Finance Committee)

Standing Sub-Committees :

Finance and General Purposes

Personal Health Services

Area Health Sub-Committees (8)

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer and Principal School Medical Officer	J. B. Tilley, O.B.E., M.D., B.S., B.Hy., D.P.H.
Deputy County Medical Officer ..	W. Minns, M.B.E., T.D., M.B., B.S., B.Hy., D.P.H.
Senior Medical Officer for Child Health and Medical Supervisor of Midwives	Doris Story, M.B., B.S., D.P.H. (Resigned 31/5/70).
Senior Assistant Medical Officer for Child Health	Blanche Sykes, M.R.C.S., L.R.C.P., D.P.H.
Senior School Medical Officer ..	Sybil A. B. Ward, M.B., B.S., D.P.H.
Senior Assistant School Medical Officer	Marion Harrison, M.B., B.S., D.P.H.
Area Executive Medical Officers—	
North 1 and 2 Areas	I. G. P. Fraser, M.B., Ch. B., D.P.H.
Central Area	Kathleen Dick, M.B., B.S., B.Hy., D.P.H.
East Area	A. Donaldson, M.B., Ch.B., D.P.H.
South Area	H. C. T. Smith, M.B., Ch.B., D.P.H., D.P.A.
South East Area	G. M. Cubie, M.B., Ch.B., D.P.H.
Wallsend Area	J. E. J. Hurman, M.B., B.S., D.P.H. D.T.M. & H. (Commenced 1/1/70)
West Area	J. M. McEwan, M.B., Ch.B., D.P.H.
Welfare Services Officer	A. K. Huddlestone, C.S.W.
Administrative Assistant	E. W. Woodcock, (Retired 8/8/70) S. Winship (1/8/70)
Departmental Medical Officers ..	Anne Carruthers, M.B., B.S., D.P.H. Mary J. Danskin, M.B., B.S., D.R.C.O.G., D.P.H. *Nest David, M.B., B.Ch., D.R.C.O.G., B.Sc. Muriel M. Eustace, L.R.C.P. & S.I., D.P.H., (Resigned 13/7/70.) F. W. Fordyce, M.B., B.S. Janet C. Hirst, M.B., Ch.B., (Comm. 1/9/70) *Shirley Jackson, M.D. Margaret Jordon, M.B., B.S. J. F. Mather, B.Sc., M.B., B.S., D.P.H. Margaret H. McKeith, M.B., B.S., D.P.H. *Beatrice M. Noble, M.B., B.S. *Frances A. Potter, B.Sc., M.B., Ch.B., D.C.H. Anna M. Reid, M.B., Ch.B., D.P.H. (Retired 30/6/70) R. B. Smith, M.B., Ch.B. Jean Stevenson, M.B., B.S. (Comm. 1/9/70) Lilian F. White, M.B., B.S., D.P.H. (Resigned 31/5/70)
Chest Physicians *	J. M. Gilmore, M.D., D.P.H. J. R. Lauckner, M.B., ChB., M.R.C.P., F.R.F.P.S. P. O. Leggat, M.D., M.R.C.P. A. R. Somner, M.D., F.R.C.P.E. E. A. Spriggs, D.M., F.R.C.P. C. Verity, M.D., D.P.H. F. L. Wollaston, M.R.C.S., L.R.C.P.

Staff of the Health Department—*continued*.

Principal School Dental Officer	..	A. E. Robinson, F.D.S., R.C.S.
Deputy Principal School Dental Officer		T. A. Ireland, L.D.S.
Orthodontist .. .. .	..	G. W. Pettigrew, L.D.S., D.D.O.
Area School Dental Officers—	..	
North Area .. .. .	..	S. J. Smithson, L.D.S.
South Area .. .. .	..	G. C. J. Long, B.D.S.
East Area .. .. .	..	C. L. Carmichael, B.D.S., D.P.D., D.D.P.H.
West Area .. .. .	..	Helen C. Gent, B.D.S.
Senior School Dental Officers..	..	R. S. Ferrell, L.D.S. Patricia Nicholson, L.D.S. W. Robson L.D.S. E. G. Stuart, B.D.S. R. W. Whittingham, B.D.S.
School Dental Officers..	..	I. W. Atchison, B.D.S. I. R. Atkinson, B.D.S., (Resigned 31/8/70) P. R. A. Bennett, B.D.S. G. W. R. Bryant, L.D.S. H. J. Coombes, L.D.S. C. I. Cousins, B.D.S. Sheila M. Crute, B.D.S. Wilma S. Drury, L.D.S. *Margaret P. Furness, B.D.S. (Resigned 19/12/70) J. F. Horseman, L.D.S. J. D. Lamb, B.D.S. (Leave of absence 1/9/70) *Krystyna Lamb, B.D.S. (Commenced 2/9/70) J. W. K. Lumley, L.D.S. T. M. Mahadervan, L.D.S. Margaret I. Matthews, B.D.S. (Com- menced 1/9/70) C. A. Nutt, L.D.S. I. Stonehouse, B.D.S. Olive I. Wears, B.D.S. Shirley E. Williams, L.D.S.
Dental Auxiliary .. .. .	..	Anne M. Southern.
County Nursing Officer	..	Yvette Esme Buckoke, S.R.N., S.C.M., H.V. Cert., Nursing Admin. (Public Health) Cert.
Area Nursing Officers .. .. .	..	Noel Cowley, S.R.N., C.M.B. (Part 1), H.V. Cert. Sheila N. Lockey, S.R.N., S.C.M. H.V. Cert. Nursing Admin. Cert., (Edinburgh University) Gladys Saint, S.R.N., S.C.M., H.V. Cert Ruth Beck, S.R.N., C.M.B. (Part 1) H.V. Cert. D.N. (London University)
Health Visitors	104	
Midwives	16	
District Nurse/Midwives..	45	
District Nurses	67	
Total Community Nursing Staff	232	
Social Worker .. .. .	..	Dorothy L. Dunn (Retired 30/4/70)
County Health Inspector	..	D. Lister, Cert. S.I.B., F.R.S.H., F.A.P.H.I.

Staff of the Health Department—*continued.*

Ambulance Officer	..	..	..	H. Wade, F.I.A.O.
Deputy Ambulance Officer	..	..	..	R. Percy, G.I.A.O.
Station Officers	..	..	..	12
Control Staff	..	..	..	8
Hospital Transport Officer	..	..	..	1
Ambulance Drivers	..	..	..	142
Motor Mechanics	..	..	..	6
Senior Mental Welfare Officer	..	..	..	T. Pattie, C.S.W. (Resigned 31/7/70)
Mental Welfare Officers	..	..	..	C. R. Brown, S.R.M.N., S.R.N. (Comm. 23/2/70)
				F. S. G. Challoner, B.A. (Comm. 24/8/70)
				Sheila D. Colman, B.A. (Soc.) (Resigned 31/7/70)
				W. C. Elliott
				I. C. Forster, S.R.M.N.
				Maureen E.D. Godfrey (Comm 9/2/70)
				G. T. Harrison
				V. A.T. Hefter (Comm. 23/11/70)
				W. Hudson (Temporary — Comm. 1/12/70)
				Patricia McCready B.Sc. (Soc.)
				E. G. Palmer.
				W. R. Pringle
				J. J. D. Richardson
				A. Robertson, Dip. Soc. Studies (Comm. 5/1/70)
				R. Tebble (Died 21/11/70)
				C. I. Vass
				J. E. Walker, C.S.W. (Resigned 31/7/70)
				Penelope J. Wallace (Temporary — Commenced 21/9/70)
				Maud Winters (Commenced 26/10/70.)
Supervisors of Training Centres—				
Alnwick	..	..	..	G. Cummings, Dip. N.A.M.H.
Ashington	..	..	..	Nancy E. Anderson, Dip. N.A.M.H.
Bedlington	..	..	..	Margaret Fisher, R.M.P.A.
Berwick	..	..	..	Alfreda M. Small, Dip. N.A.M.H.
Hexham	..	..	..	Margaret Usher, Dip. Teacher, M.H.
Prudhoe	..	..	..	Margaret Tulip, R.M.P.A.
Wallsend	..	..	..	G. Sanderson, M.B.E., Dip. N.A.M.H., R.M.P.A.
Matron of Residential Training Centre				
Alnwick	..	..	..	Margaret Wenham
Industrial Units—				
County Manager	..	..	..	D. R. L. Dunsmuir, Dip. Teacher, M.H.
Blyth (Asst. Manager)	..	..	..	A. Anderson, Dip. Teacher, M.H.
Willington Quay (Asst. Manager)	..	..	..	K. T. Foggan, Dip. Teacher, M.H., (Resigned 31/1/70)
				K. Peart, Dip. Teacher, M.H. (Commenced 18/5/70)
Home Help Organisers	..	..	..	Rose A. Atkinson
				Mary J. W. Beal
				Margaret A. Lindsay (Commenced 21/10/70)
				Mary Murphy
				Marion Ritchie
Home Helps	..	..	..	1,110
Chief Chiropodist	..	..	..	J. Flynn, L.Ch., H.Ch. D.

Staff of the Health Department—*continued.*

Chiropodists	S. H. Brown, L.Ch. Laura T. Clarke, L.Ch. R. W. Davison, S.R.Ch. R. J. Falkous, L.Ch. Veronica M. McCarthy, M.Ch.S. Sandra McNaughton, M.Ch.S. *Barbara A. Vernon, M.Ch.S. Susan G. Watson, S.R.Ch.
Supervisor of Welfare of the Handicapped	Eileen Metcalfe, H.T. Cert.
Social Welfare Officers of the Blind ..	Joan Duell, H.T. Cert. Jane T. Hogarth, H.T. Cert. Isobel M. Kay, H.T. Cert. Hilary G. Loten, H.T. Cert. Margaret McGuire, H.T. Cert. Joyce H. I. Thompson, H.T. Cert.
Welfare Visitor for Physically Handicapped	M. Winifred Patterson, H.T. Cert.
Welfare Assistants	Lillias Deagle Pauline Farries *Beryl Harrison (Commenced 21/9/70) Joan C. Lamb *Elsie Masterton (Commenced 17/12/70) Ann Spears (Commenced 1/11/70)
Handicraft Instructors	Gertrude M. Atchison *Margaret J. H. Cadzow, M.A.O.T. *Rachel Darling, M.A.O.T. Elizabeth Garbutt Evelyn M. Hall. Elizabeth Purvis.
Superintendents and/or Matrons of Welfare Homes—	
Essendene, Ashington	Marguerite M. Barnfather
Bell View, Belford	Annie Barrs
Seton Hall, Tweedmouth	Phyllis M. Dickson
Cowpen House, Blyth	Beatrice I. Colvin
Doxford Hall, Chathill	Dorrien Shirran, S.R.N., S.C.M.
Northumberland House, Cramlington	Margaret Reavley
Greenholme, Haltwhistle	Lilian M. Matthews
Nicholas Garrow Home, Hepscott ..	Mary E. Mattison
Haining Croft, Hexham	Marion J. Reed
Merley Croft, Morpeth	Eleanor N. Thompson, S.E.N.
Northfield, Morpeth	W. J. Minter and Mary Minter, S.R.N.
Springfield, Morpeth	W. J. Minter and Mary Minter, S.R.N.
Priorsdale, Newcastle	Isabella J. McGarrigle, S.E.N.
Thomas Taylor Homes, Stannington	W. J. Minter and Mary Minter, S.R.N.
Tynedale, Wallsend	Edith Greaves
Ralph Allan Home, Warkworth ..	J. C. Cooke and Megan Cooke, S.E.N.
Earsdon Grange, Whitley Bay. ..	Marjorie Atkinson

* *Part Time*

CONTENTS

	<i>Page</i>
Health Committee	2
Staff	3
Introduction	8
Vital Statistics	13
Road Safety	16
Infectious Diseases	17
National Health Service Act :—	
Health Centres	21
Care of Mothers and Young Children	
Statistics	27
Child Health Clinics	31
Ante Natal Clinics	32
Family Planning Clinics	34
Cervical Cytology	35
Community Nursing Service	36
Nurseries & Child Minders Regulations Act	44
Dental Service	45
Vaccination and Immunisation	47
Ambulance Service	49
Prevention of Illness: Care and After Care :	
Tuberculosis	51
Mass Miniature Radiography	51
Venereal Diseases	52
Chiropody	53
Health Education	54
Home Help Service	57
National Assistance Act	
Welfare Services for the Elderly	59
Mental Health Service	62
Services for the Handicapped	67
Environmental Services	
Housing	76
Water Supplies	78
Sewerage and Sewage disposal	79
Clean Air Acts 1956-68	80
Milk and Dairies	82
Ice Cream	86
Liquid Egg Regulations 1963	86
School Swimming Pools	87
Food and Drugs Act 1955	88
Tables of Statistics	92

TO THE CHAIRMAN AND MEMBERS OF THE
NORTHUMBERLAND COUNTY COUNCIL

The health of a community is commonly measured by certain vital statistics which reflect among other things the success of the health services in the area and the figures recorded in this report on the health of the people of Northumberland and the health services in the county in 1970 are generally satisfactory in this respect. The infant mortality rate is a most delicate index of success and although this was slightly higher than the previous year it was the second lowest ever recorded and was for the fourth successive year lower than the national rate. New record low rates were established for mortality of babies in the first week and the first month of life and these were especially welcome as indicative of the very high standard of ante natal, obstetric and paediatric care which has been achieved in the county by the close co-operation of the family doctors, the hospitals and the community nursing staff. It should be noted that there was during the year no death of any woman from any condition associated with pregnancy, childbirth or abortion. The increase in the number of maternity beds provided by the Regional Hospital Board has played an important part in bringing about these most desirable results and it is significant that nearly 98% of all of the births occurred in hospital.

Figures issued by the Department of Health and Social Security show that with the sole exception of smallpox vaccination the level of protection of infants against infectious disease was higher in the county than the average for the country as a whole. The success of the immunisation campaign, which is undertaken by the family doctors, the area medical officers, and the doctors in the child health service, has resulted over the years in a transformation in this field and the virtual elimination of mortality from the common infectious diseases. There was some improvement in the numbers protected against measles, but there is still a need for considerable progress in this connection. During the year vaccination of girls against rubella was introduced for the first time. Vaccination was designed in this case not primarily to protect the individuals concerned against a relatively mild disease but to protect any babies they might have later in life from the grave defects which might arise if mothers-to-be contracted the disease. The acceptance rate was high and although vaccine was available only from September a large proportion of the girls in the appropriate group were protected.

For the first time no death occurred from non-pulmonary tuberculosis. The reduction in the toll of tuberculosis has been commented on in several reports and it is noteworthy that this year only two cases under the age of 15 were notified, a slight

increase in numbers occurring in the older groups. The decline in the disease is shown in the reduction in the number of cases discovered by mass radiography, and a change in the use of this service has become necessary. Nevertheless a number of new cases continue to occur and efforts at protection must not be relaxed.

It is seven years since the first arrangements were made for health visiting and nursing staff to be attached to the practices of family doctors and to work closely with them. Steady progress has been made each year, and in 1970 more attachment schemes were started resulting in nearly 80% of the community nursing staff working in this system. The changes in the work have been considerable and the report shows the increase in the number of patients who have been treated by the nurses. The work of the health visitor in advising and teaching has been extended to cover adults and especially the elderly. No one working in the new system which engenders close co-operation in the clinical team in the community would willingly revert to the old "parochial" system, and most of the original doubts have been overcome. It may be said that the battle has been won in this sphere and only mopping up operations remain.

Last year the first reference was made to health centres, though efforts had been made unsuccessfully to establish these nearly 20 years earlier. This year we are able to report on the success of the two permanent health centres at present operating, and the provision of two temporary centres to meet the needs of the new towns of Cramlington and Killingworth until permanent buildings can be completed. It will be seen that a programme of 12 more health centres was drawn up to cover the future years, and building had started on one centre at Newbiggin by the end of the year. At the time of the presentation of this report another centre has come into operation in Amble through the adaptation of existing premises, and it is clear that fairly satisfactory progress is being made. The planning and producing of these health centres involves a very great deal of consultation and discussion as my Department has to make arrangements which are suitable to the family doctors, the dentists and the Executive Council, as well as ensure that the buildings will be appropriate for the Department's own services. I must express our thanks to the County Architect for his help and my own thanks to the section of my staff which undertakes this work, perhaps especially to Mr. Donnelly for all the work he has done, much of it out of normal working hours, in determining that newly opened premises function satisfactorily.

There was an increase in the work of the family planning clinics but there remains a need to make advice in this field available more widely. It is interesting to note an extract from the report for 1894 of the then County Medical Officer, Dr. J. W. Hembrough, pressing the need for infectious disease hospitals

which reads "It is all very well for us to say in a jocular way — if it were not for epidemics carrying off a few thousands each year there would soon be no standing room in England." Today we do not have these epidemics, nor do we have the hundreds of deaths in childhood that occurred in those days. Our preventive services have been sufficiently successful to make population control important and to warrant the plans that have been made to extend the family planning service in the county.

Although the work of the chiropodists increased there is a need for a considerable expansion in this field. Not only is there a need to treat more patients, but a great need to increase the frequency of treatment in many cases. The help that the Department can give is limited, partly of course by finance, but primarily by the shortage of qualified staff. A great expansion in the training of staff is required if the needs of the community are to be met.

As this is the first report for the 1970's references are made in some sections to the position at the beginning of the 50's and the 60's which show the changes that have occurred. It is interesting to see the new services that have been added in the past 20 years. Protection has been introduced against poliomyelitis, measles, tetanus, rubella and tuberculosis. Screening for deafness and for phenylketonuria have been added to the tests for babies. Family planning and cervical cytology examinations have been introduced for women as well as ante-natal relaxation, and chiropody has been provided, primarily for the elderly. More recently arrangements have been made for home renal dialysis, and fluoride levels in the water have been adjusted to reduce dental caries. Changes have been made in the working of the Department with the introduction of male nurses and bath orderlies the attachment of staff to family doctors and the opening of health centres. The volume of work has steadily increased in many fields, particularly child health care, nursing and in the ambulance service. Against the background of these increases some long established services have declined. No ultra violet light clinics are now provided, tuberculosis aftercare has been very considerably reduced and domiciliary midwifery has almost disappeared. On balance the work of the Department has increased considerably and the services to the community greatly improved.

The environmental standards in the county are of great importance in maintaining the health of the population and the report outlines the progress made during the year.. Some 9,000 unfit houses have been closed by the borough and district councils in the past 10 years and 38,000 houses have been built during that time. There are now no further major water supply schemes required in the county and the progress of sewerage and sewage disposal has been continued. There are today some 20,000 properties in smoke controlled areas, with a further 6,000 to be added shortly. All of these factors have a beneficial effect on life in Northumberland.

This is the last time reference will be made in this report to a number of services for which the Department has been responsible. The home help service was started by the Health Committee in 1938 to help maternity cases and 20 mothers were helped in the first year. In 1948 it became a general service and by 1970 5,000 cases were helped annually. The service for blind persons had been administered by the Department for 50 years and the care of the physically handicapped was its responsibility from the inception of the scheme. The mental health service was founded by the staff of the Department and its domestic and training functions developed over a period of more than 20 years. A measure of success was achieved in all of these schemes and I would like to express my thanks not only to all who helped me in these fields over a very long period, but also to those who gave me great help for a shorter time in the residential care of the elderly.

These services were transferred by new legislation to the Education Committee and Social Services Committee, and as a result of this and centralisation of some services the work of the Area Sub-Committees was greatly decreased. In consequence a decision was taken to terminate the scheme of area administration which had served the Council well in the earlier days of the National Health Service. Tribute must be paid to the work of the members of the Sub-Committees and of the Area Medical Officers over a period of more than 20 years.

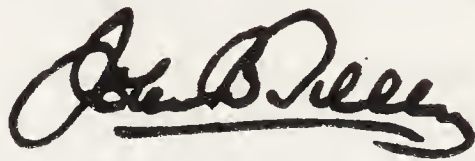
These administrative changes are the forerunners of the larger metamorphosis that the local health authority services must undergo in 1974. There is general agreement on the value of unification of the National Health Service even though there may be division over how this should be achieved. The staff of the Public Health Service generally welcomes the closer integration with the other sections of the service which must surely follow, though the Consultative Document that the Government have produced leaves much detail to be determined. The work that is done by the Health Departments for the community must be continued in the future though its form may undergo some change, and there may be redeployment of staff. It is of the utmost importance that the services be continued normally during the transition period and the doubts in the minds of existing staff must be resolved swiftly if morale and recruitment are to be maintained. The present services have been built up by local health authorities with much thought and great effort: care must be taken that the present standards are maintained in the future when the transfer to the new health authority takes place.

After more than 30 years the headquarters of the Department moved from County Hall to new premises at Arden House in Gosforth. The new working conditions have proved to be most satisfactory and the arrangements have worked well. The services

of the Department which cover many fields and affect in varying measure the lives of many thousands of Northumbrians in the course of the year, are only maintained by the skill and assiduity of the staff and I am grateful to them for their loyalty and support. I am indebted to Miss Buckoke, Mr. Robinson and Mr. Wade for their invaluable assistance. and I am specially grateful to Dr. Minns for his help, not only in the preparation of this report, but in many matters during the year. The interest of the members of the Health Committee has been an encouragement to me, and I would express my sincere thanks to the Chairman for her help and support throughout the year.

I am,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'J. B. Preece'. The signature is fluid and cursive, with a long horizontal stroke at the end.

County Medical Officer of Health.

ARDEN HOUSE,
REGENT CENTRE,
GOSFORTH,
NEWCASTLE UPON TYNE NE3 3JF.
Telephone : Gosforth 859011.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1970

VITAL STATISTICS

Population	..	..	..	..	..	..	512,600
Live Births—							
Number	..	..	..	..	..	..	7 166
Rate per 1 000 population	..	..	..	..	..	..	14.0
Illegitimate Live Births (per cent of total live births)	..	..					5.7
Still Births—							
Number	..	..	..	..	..	..	93
Rate per thousand total live and still births	..	..	..	..	..	..	12.8
Total live and still births	..	..	..	..	..	..	7,259
Infant Deaths (under one year)	..	..	..	..	..	..	115
Infant mortality rates—							
Total infant deaths per 1,000 live births	..	..	..	..	..	..	16.1
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	..	..	15.7
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	..	..	22.0
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	..	..	10.9
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	..	..	..	..	..	..	8.5
Perinatal mortality rate (still births and deaths under one week per 1,000 total live and still births)	..	..	..	..	..	..	21.2
Maternal mortality (including abortion)—							
Number of deaths	..	..	..	..	..	..	—
Rate per 1,000 total live and still births	..	..	..	..	..	..	—

Population

The population of the county has increased by 74,000 or 17% in the past 20 years. This is an average increase of 3,700 a year and the increase of 2,300 in 1970 was less than the average. The natural increase was 736, the remainder being movement into the county.

The changes in the distribution of the population in the county are of interest. Since 1950 the population of Longbenton and of Newburn has roughly doubled and the number of residents in Castle Ward has nearly trebled, while the numbers have declined in Ashington, Wallsend and some of the rural districts. These changes are of the greatest importance in the planning of services.

Birth Rate

The fall in the birth rate in the county was halted for the first time for 8 years. The rise from 13.81 to 14.12 per 1,000 population represented an increase of 118 births, but the birth rate was still the second lowest recorded in the county. In 1950 there were 250 more live births than there were this year although the population was 74,000 less.

Infant Mortality

Although the death rate in infants under one year was slightly higher than the record low level established in the previous year, it still served to demonstrate vast improvements that have been achieved. At the beginning of 1950, the rate was 36.60 ; this fell by 1960 to 20.28, and in 1970 reached the figure of 16.05 per 1,000 births. This was the fourth successive year that this important health index was better than the national figure.

The neonatal death rate and the early neonatal death rate were both reduced to record low levels and were lower than the national rates. The figures are greatly to be welcomed as for many years these rates did not seem susceptible of improvement.

General Death Rate

The general death rate at 12.54 per 1,000 population was slightly higher than in 1969.

PRINCIPAL CAUSES OF MORTALITY :—

The total number of deaths from all causes was 6,430. The chief causes are shown in the following table :—

	NUMBER OF DEATHS		
	1970	1969	1968
Heart Disease :—			
Ischaemic Heart Disease ..	1,756	1,702	1,750
Hypertensive Disease ..	89	98	119
Others	346	360	399
	—— 2,191	—— 2,160	—— 2,268
Malignant Neoplasm :—			
Buccal Cavity etc.	28	22*	—
Oesophagus	34	37*	—
Stomach	138	154	169
Intestine	178	191*	—
Larynx	8	2*	—
Lung, Bronchus	284	316	302
Breast	96	87	109
Uterus	45	40	39
Prostate	48	36*	—
Others	323	307	566
	—— 1,182	—— 1,192	—— 1,185
Vascular Lesions of Nervous			
System	1,024	998	932
Bronchitis	354	371	334
Pneumonia	391	366	375
Motor Vehicle and other			
Accidents	219	220	209
Other Diseases of Circulatory			
System	261	239	285
	5,622	5,546	5,588

* Included in ' Others ' in 1968 figures.

Comparison of this table with the corresponding figures for 1950 and 1960 shows interesting changes. In 1950 tuberculosis and nephritis were among the principal causes of mortality and they have both now disappeared from the list as the result of improvements in prevention and treatment. Heart disease was the greatest cause of death at the beginning of the period and remained so in 1970. Deaths from motor vehicle and other accidents increased during these years and the cancer death rate went up from 1.75 to 2.31 per 1,000 population in 1970, though this figure was less than that for 1968 and for 1969. Mortality from cancer of the stomach was reduced, but deaths from cancer of the lung increased more than threefold in the twenty years, though happily there were fewer deaths from this cause in 1970 than in the previous year.

These causes of mortality are in the main associated with the degenerative conditions of old age, though accidents and malignant disease claim some victims at an earlier stage in life. All accidents are preventable and action can be taken to reduce the number of deaths. A reduction in the consumption of cigarettes would reduce the number of deaths from cancer of the lung. Much needs still to be done in the fields of health education and road safety to save the lives that these conditions claim.

ROAD SAFETY

Mr. C. H. Cooksley, Chief Constable of the Northumberland Constabulary has kindly forwarded me his annual report on road accidents and I have extracted the following figures in so far as they affect the administrative county of Northumberland.

The reduction in fatal casualties mentioned last year has not continued and the figures given are 58 for 1969 and 77 for 1970. The number of children killed decreased from 12 to 7, which was the smallest number for some years and no greater than the figure for 1950. Thus despite the great increase in traffic the death of children on the road has not materially increased.

Once again there has been a vast amount of new road construction in connection with the Spine Road and the northern approaches to the Tyne Tunnel and work still continued on by-passes for Morpeth, Alnwick and Wideopen/Seaton Burn.

This will eventually move the heavy traffic from the villages in the south-east of the county and should prevent vast increases in road casualties as might be expected with the volume of licensed vehicles.

The A1 road between the county boundary and Morpeth produced the greatest number of accidents and casualties for such a short distance. There were 97 accidents, 173 persons were injured and 11 were killed.

INFECTIOUS DISEASES

Following the passing of the Health Service and Public Health Act, 1968, new Infectious Diseases Regulations came into operation on 1st October, 1968 and medical practitioners attending patients who are suffering from or suspected to have one of the following diseases or from food poisoning are required to notify the medical officer of health of the local authority :—

acute encephalitis	ophthalmia neonatorum
acute meningitis	paratyphoid fever
acute poliomyelitis	plague
anthrax	relapsing fever
cholera	scarlet fever
diphtheria	smallpox
dysentery (amoebic or bacillary)	tetanus
infective jaundice	tuberculosis
leprosy	typhoid fever
leptospirosis	typhus
malaria	whooping cough
measles	yellow fever

As I reported last year, a considerable number of the 1968 and 1969 babies were not vaccinated against measles due to withdrawal by the Department of Health of a large supply of vaccine. While the position improved slightly in 1970, the public confidence in the vaccine was slow to return and as a result, 3,800 cases of measles were notified throughout all districts of the County.

The only other diseases in the above list present in the county were dysentery (52 cases), scarlet fever (92), whooping cough (167), food poisoning (15), infective jaundice (533) and tuberculosis (103). Epidemics of infective jaundice occurred in Bedlingtonshire (134 cases) and in Morpeth rural district for the second successive year (118 cases).

In 1950 there were 2 deaths from diphtheria, but no death has occurred in the county since that date, nor has there been any case of the disease. There were, in that year, 11 deaths from poliomyelitis. Vaccination against this disease started in 1956 and by 1960 all deaths had been prevented although there was one paralytic case of the disease. For some years now there has been neither mortality nor morbidity from the disease in the county. Whooping cough caused 7 deaths in 1950 with an incidence of 1,400 cases. By 1960 the incidence had been reduced to 160 and although the disease has not been eliminated, the incidence in 1970 was kept to a low level. No death has occurred for some years.

NEW LEGISLATION IN 1970

In March 1970, the Health Committee considered the Local Authority Social Services Bill which had just been published and the Council set up a special joint committee for social services to which would be referred the functions of the Children's and Welfare Authority.

The Social Services Act became law at the end of May, 1970 and its chief purpose was to implement the main recommendation of the Seebohm Committee, namely, that social service functions should be referred to a single committee and that a Director of Social Services should be appointed.

The obligations imposed on the Council included the referral of a large schedule of functions including all those of existing Committees undertaking Children's and Welfare work together with some of the functions of the Health Committee, namely, the social work aspects of the care of mothers and young children, the home help service, the regulation of nurseries and child minders and the welfare and accommodation of the mentally disordered.

The Council immediately formed the new standing committee for Social Services and it first met on 6th May, 1970. It decided that as the object of the Act was to ensure an integrated and comprehensive social service for the community it should, as well as having a headquarters service, divide the county into five areas and provide teams of social workers to serve those in need.

Suitable accommodation in Alnwick, Ashington, Cramlington, Wallsend and Newburn was sought and meanwhile temporary arrangements were made in existing county offices and the Area Social Services Officers and their assistants were appointed and in post on 1st August, 1970.

An establishment for the new department was approved by the Council in August and the post of Director of Social Services was advertised. Mr. G. W. Jackson became the first director from 1st November, 1970.

The Council requested that the functions of the Health Committee mentioned above, which would eventually become the responsibility of the new standing committee, should be delegated immediately for day to day management and administration with the Health Committee continuing to retain overall budgetary and policy control until the appointed day which was announced by regulation as 1st January, 1971.

Following this decision, the responsibilities of the Area Health Sub-Committees, formed in 1948 under the National Health Service Act 1946 Scheme for Northumberland, decreased and the Health Committee decided to disband these sub-committees after giving the statutory six months' notice.

Chronically Sick and Disabled persons Act 1970

This Act which also became law at the end of May, 1970, just before the dissolution of Parliament makes substantial further provision for the welfare of the handicapped. The various sections of the Act were to be brought into effect by regulations in stages.

In view of the Council's progress in implementing the Social Services Act, no action was necessary by the Health Committee under this Act.

The Education (Handicapped Children) Act 1970

This Act received the Royal Assent in July 1970 and made provision to bring within the educational system those children who had previously been determined as being unsuitable for education at school. This applies to all children attending local health authority junior training centres and special care units and also to children being trained in schools within hospitals for the mentally handicapped in Northumberland.

The Secretary of State for Education announced 1st April, 1971, as the date from which this extension of educational responsibility would operate and a series of meetings took place with the Director of Education and the Consultant Physicians at Prudhoe and Northgate, Morpeth, hospitals to ensure a smooth transfer of responsibility.

Several meetings were held with the staff of the junior training centres to explain the procedure which would be necessary and by the end of the year, members of the Education Department had paid preliminary visits to all the centres and to the two hospital schools.

NATIONAL HEALTH SERVICE ACTS

Co-operation with hospital and family doctor services

The report refers in several sections to the co-operation between the Council's services and the hospital and general practitioner services, but it is perhaps useful to bring together all the facts upon which the references are based. The following list sets out the main areas of co-operation between the services :—

- 4 health centres are in operation (2 in temporary premises).
- 11 family doctors have their surgeries in county-owned clinics.
- 127 family doctors see their ante-natal patients in county clinics assisted by the department's midwives and health visitors.
- 14 health visitors and 20 midwives attend ante-natal clinics in practitioners' premises.
- 12 health visitors attend child health sessions in practitioners' premises. (In five instances a fee is paid by the County Council to the general practitioner for the use of his premises)
- 43 family doctors attend county child health clinics, 7 of which are held in general practice premises.
- 75 family doctors carry out cervical smears in county clinics.
- 78 health visitors and 86 district nurses are attached to general practices.
- 5 consultant orthopaedic surgeons conduct clinics for children in 6 county premises.
- 6 consultant ophthalmologists conduct eye sessions in 29 county clinics.

In addition hospitals have direct contact with district nurses, health visitors and midwives and the mental welfare officers have regular consultation and instruction sessions in the psychiatric hospitals.

HEALTH CENTRES

As long ago as 1949, premises for a child health clinic and a nurses home were required at North Seaton Colliery and the Council were able to rent from the National Coal Board a house there, the tenancy to be granted on condition that the surgery of the local doctor be accommodated on the premises. The Health Committee accepted the tenancy and the first "health centre" consisting of family doctor and preventive paediatric services came into being in Northumberland.

Between then and 1967 arrangements were made for family doctors to have their surgeries in clinics at Cowpen and Ponteland and this method of allowing tenancy by licence with the doctor rather than by a contract with the Executive Council is still continuing when a health centre cannot be provided immediately or at all in accordance with Section 21 of the 1946 National Health Service Act.

In 1967, the then Ministry of Health gave advice in Circular 7/67 on the planning, preparation and method of submission of schemes for health centres.

The Council accepted that the integration of family doctors and local authority staff in one building was of particular importance in the personal health services for all members of the family and as has been reported in annual reports for the past seven years, the attachment schemes whereby nurses, health visitors and doctors work together have expanded greatly until this year I have reported that 86 nurses and 78 health visitors are working with 80 practices.

A capital works programme for the three year period 1968-71 was accepted by the Council in February 1968 and this included the building of nine new health centres.

At that time doctors in expanding new housing estates at Woodlands Park had asked whether surgery premises could be added to the existing clinic, and at Bedlington, two groups of doctors had requested a health centre in a new central development area. Both these requests were approved by the Northumberland Executive Council and schemes were submitted to the Department of Health.

The conversions at Woodlands Park clinic were comparatively small and only included a waiting area, two consulting suites, a treatment room and a records and dispensary room. Work was started in October, 1968 and Drs. Simpson-Brass and Wilkinson commenced to use the building as a main surgery on 21st April, 1969.

At Bedlington, delays in obtaining a suitable site in the new central town area were considerable and, in addition, as this was the first purpose built centre to be planned and as there was on

written guidance on the designs for health centres, many meetings were held with the four family doctors who asked for the centre, with the County Architect's representatives, Department of Health officials, the Clerk of the Executive Council, and experts from the Post Office Telephone Department. It was not until March, 1969 that the legal, financial and other requirements had been completed and the plans had been accepted by all concerned. The building was completed on 1st July, 1970 and officially opened by the Chairman of the Council on 4th November, 1970. Each of the four general practitioners has a consulting room with adjacent examination room and there is also a separate suite for child health and family planning services. There is a large well equipped treatment room which is staffed by the nurses who are attached to the practices and also a well organised reception and records office. The building provides a complete service of ante and post-natal examinations, child health advice, family planning, cervical smear tests, eyesight and hearing tests as well as health education in all its aspects and a full series of vaccination and immunisation procedures. Attached is a large nursing after-care equipment store. At the time of writing this report when the team of doctors, nurses and receptionists have been working together for about nine months, the general impression is one of successful team work and as a result the patients must be benefiting.

It was decided at this stage to form an advisory committee on health centres with officers of the local health authority, the local medical committee, the local dental and optical committees and the pharmaceutical committee participating and two meetings were held to discuss future policy following receipt of Ministry of Health Circular 7/67.

Of the remaining new health centres approved for the capital works programme starting in 1968, two were associated with the Council's new towns of Cramlington and Killingworth and as each was associated with either the civic centre or as part of a town services building, the planning stage at each place had to be phased with the remaining users of the buildings. This led to very long delays. The position became so acute as each new town increased in size that in 1970 the Council approved the erection of temporary health centres. At Killingworth, two houses were rented from Longbenton Urban District Council and with minor alterations, provided accommodation for a child health clinic, two family doctors and a private dentist. At Cramlington a pre-fabricated building was purchased and accommodation provided for eight family doctors, a local authority dentist and a full child health service.

With the opening of these four health centres during the course of one year, many more family doctors began to show an interest in working in these buildings and by the end of the year, the

Health Committee had approved the following programme of buildings and adaptations to existing clinics following requests from family doctors :—

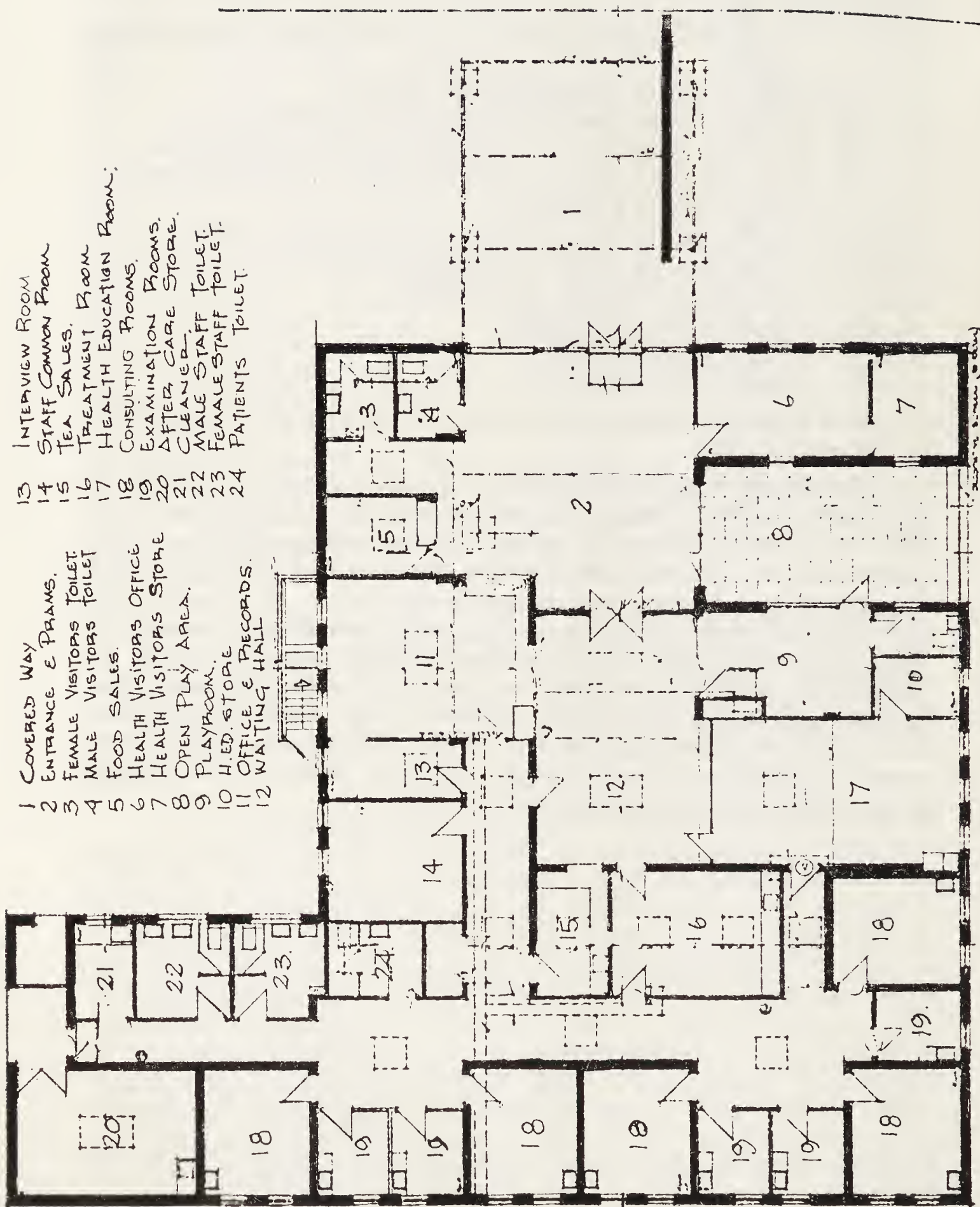
- (a) Permanent health centres for Cramlington and Killingworth.
- (b) Health centre Newbiggin-by-the-Sea.
- (c) Extensions to clinic at Amble to a health centre.
- (d) Extensions to clinic at Shiremoor to a health centre
- (e) Extensions to clinic at Whitley Bay to a health centre.
- (f) Health centre Pegswood.
- (g) Health centre West Denton Development Area.
- (h) Extensions to clinic at Morpeth
- (i) Extensions to clinic at Ponteland
- (j) Health Centre Corbridge.
- (k) Health Centre Blyth.
- (l) Health Centre Berwick

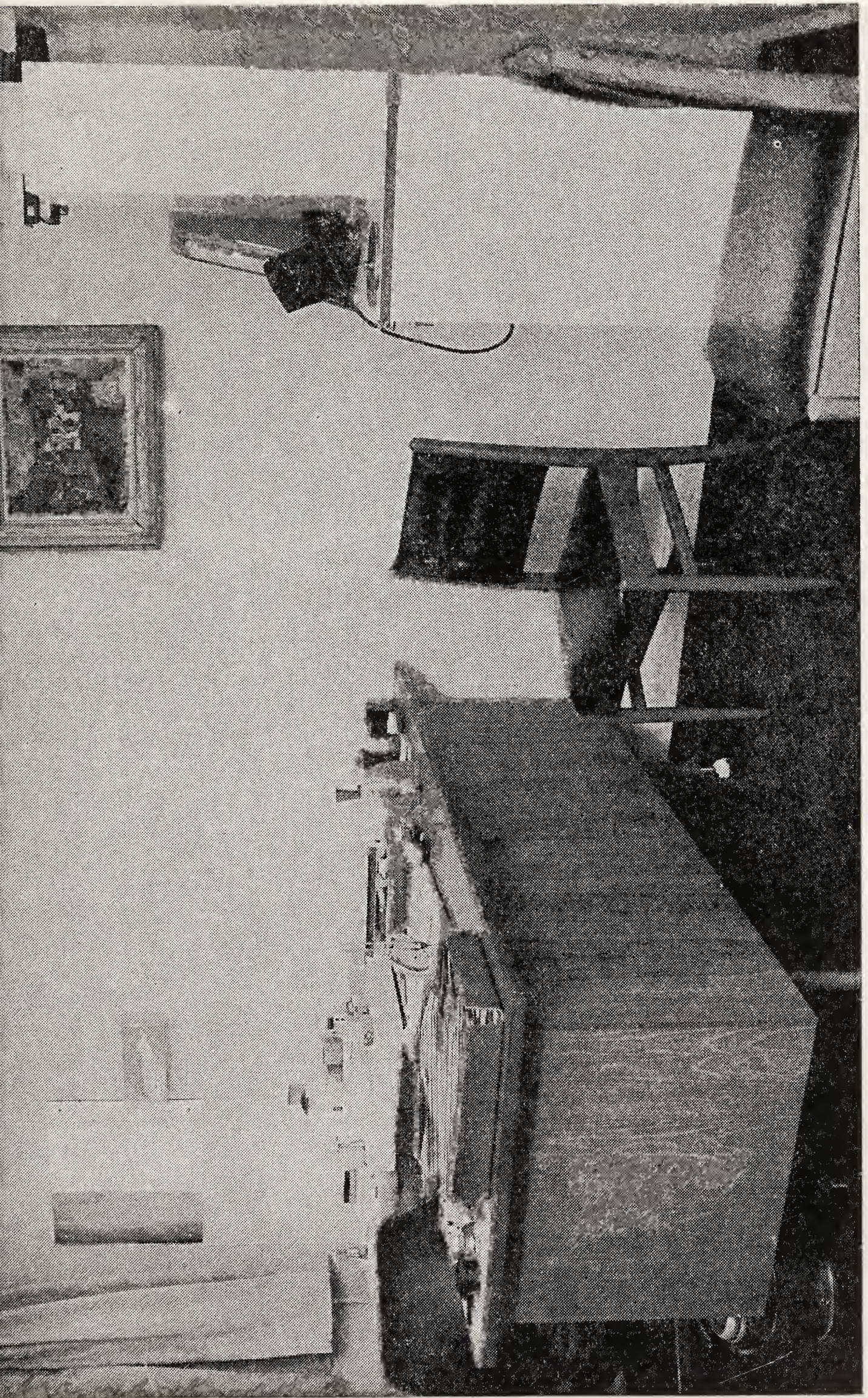
It is planned for this programme of building to be completed by the end of 1975.

The Design Guide published by the Department of Health in November, 1970 has given a lead to methods of design, sizes of different areas and cost limits and this will obviously save much correspondence between the County Architect's Department and the central government department in the future. It is hoped that the new financial arrangements for key expenditure announced by the government will allow the building programme to be speeded up while the impetus for working in a health centre has become attractive for family doctors. The above programme and, a new ten year programme to 1979, will require a considerable amount of collaboration in design and other aspects if the work is to be carried out successfully and to time.

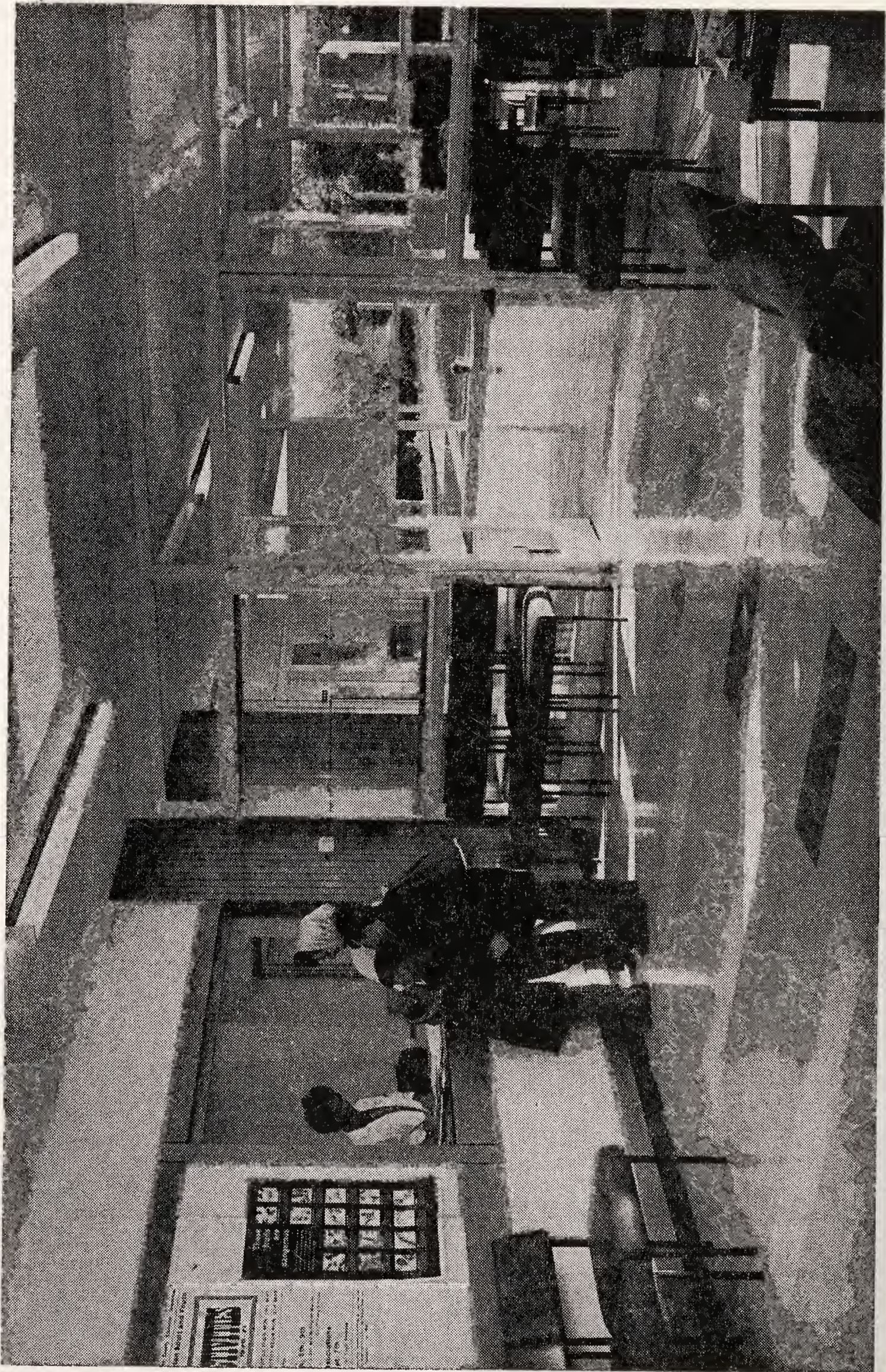
- 13 INTERVIEW ROOM
14 STAFF COMMON ROOM
15 TEA SALES.
16 TREATMENT ROOM
17 HEALTH EDUCATION ROOM.
18 CONSULTING ROOMS.
19 EXAMINATION ROOMS.
20 AFTER CARE STORE.
21 CLEANER.
22 MALE STAFF TOILET.
23 FEMALE STAFF TOILET.
24 PATIENTS TOILET.

- 1 COVERED WAY
2 ENTRANCE & PRAMS.
3 FEMALE VISITORS TOILET.
4 MALE VISITORS TOILET
5 FOOD SALES.
6 HEALTH VISITORS OFFICE
7 HEALTH VISITORS STORE
8 OPEN PLAY AREA.
9 PLAYROOM.
10 HED. STORE
11 OFFICE & RECORDS.
12 WAITING HALL





Consulting Room — Bedlington Health Centre



CHILD HEALTH SERVICE

Dr. Doris Story resigned at the end of May and it was not possible to make another appointment.

Notification and Registration of Births

7,202 births were notified by hospitals, nursing homes and midwives and of these only 167 were born at home. This means that in Northumberland 97.7% of babies are now born in hospital. This proportion increases each year and although, as will be seen in the facts about maternity nursing, there is a quicker discharge rate from hospital back to home after the confinement, this improvement in the maternity bed situation is very beneficial.

The total of live and still births registered increased from 7,137 to 7,259. The number of babies born alive was 7,166 so that the county birth rate increased from 13.8 to 14 per thousand population. This is the first increase since 1962 but still the second lowest birth rate ever recorded in the county.

The birth rate for England and Wales was 16.00 compared with 16.3 last year. The adjusted County rate was 14.1 per 1,000 population.

Still Births

There were 93 still births compared with 89 last year. This means that the rate increased slightly from 12.5 to 12.8 per 1,000 registered births compared with a rate for England and Wales of 13.0. 63 of the 93 still births were premature.

Premature Births

8% of all births, or 519, were born alive prematurely and, of these, 48 died in the first four weeks of life.

The following figures are of interest :—

	1968	1969	1970
Premature births per cent of total births	7.7	7.0	8.0
Premature births per cent of total live births	7.1	6.3	8.1
Premature neo-natal deaths per cent of total neo-natal deaths ..	69.9	54.8	61.5
Premature still births per cent of total still births	59.6	66.3	67.7
Premature babies survived 4 weeks per cent of total premature live births	88.6	89.8	90.8

Illegitimate Births

There was a very small increase in the illegitimate birth rate corresponding to the figures already given for the live and still birth rate. The 415 illegitimate babies amounted to 5.8 per cent of all live births compared with 5.6 per cent last year.

Details are given in tables 4 and 5.

Neo-Natal Deaths

There was another welcome fall in the number of babies who died before reaching the age of one month, 78 compared with 82. This means that the rate per thousand live births was 10.9 compared with 11.6 last year and 14.9 in 1964.

The following table shows that prematurity was associated with 48 of the 78 deaths.

Severe prematurity	..	..	..	..	21
Respiratory distress and prematurity	..	..	..	..	20
Congenital heart and circulatory defects	..	..	..	..	9
Pneumonia, bronchitis and other respiratory conditions	..	..	..	..	9
Congenital defects and prematurity	..	..	..	..	6
Cerebral haemorrhage and other brain damage	..	..	..	..	6
Hyaline membrane disease	..	..	..	..	5
Spina Bifida with prematurity	..	..	..	..	1
Tracheo-oesophageal fistula	..	..	..	..	1
Total	..	..	..	..	78

Perinatal Mortality

The sum of the early neonatal (under one week) deaths and the stillbirths expressed as a ratio per 1,000 total births is known as the perinatal mortality rate.

There were 61 deaths in the first week of life together with 93 children who were stillborn and this gives a rate of 21.2 compared with the national figure of 23.0

<i>Year</i>	<i>Northumberland</i>	<i>England & Wales</i>
1965	27.6	26.9
1966	28.1	26.3
1967	24.1	25.4
1968	23.1	25.0
1969	21.7	23.0
1970	21.2	23.0

Maternal Mortality

No mother died while having a baby in Northumberland during 1970. The national rate was 0.18 per thousand total births.

Care of Unmarried Mothers

The Newcastle Diocesan Council for Moral Welfare work arranged for the care of expectant unmarried girls at their diocesan home at Elswick Lodge or in other suitable homes when requested. Financial support was given by the Council in 35 cases during the year.

The figure for 1969 was 43 cases.

Infant Deaths

The number of babies dying in their first year per 1,000 live births is called the infant mortality rate. Table 3 shows a steady decline during the last thirty years from 74 to 16.1.

The lowest figure ever recorded of 15.6 was last year and the slight increase amounts to an increase from 110 to 115 deaths.

This rate, which has always been considered as a barometer of the maternity and child health service is still well below the figure for England and Wales which is 18.0

Details of deaths were as follows :—

	Boroughs and Urban Districts			Rural Districts			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Meningococcal Infection	—	1	1	—	—	—	—	1	1
Cerebrovascular disease	—	—	—	1	—	1	1	—	1
Meningitis	1	1	2	—	—	—	1	1	2
Other diseases of the nervous system	1	1	2	—	—	—	1	1	2
Pneumonia	5	6	11	1	—	1	6	6	12
Other Endocrine etc. diseases ..	1	1	2	—	—	—	1	1	2
Other diseases of Respiratory system	1	2	3	—	1	1	1	3	4
Other forms of heart disease ..	1	—	1	—	—	—	1	—	1
Intestinal obstruction and hernia..	1	—	1	—	—	—	1	—	1
Cirrhosis of liver	—	1	1	—	—	—	—	1	1
Other diseases, Genito-urinary system	1	—	1	—	—	—	1	—	1
Congenital anomalies	15	8	23	2	4	6	17	12	29
Birth injury, difficult labour etc. ..	21	7	28	2	4	6	23	11	34
Other causes of Perinatal mortality	6	10	16	4	—	4	10	10	20
All other accidents	1	2	3	1	—	1	2	2	4
	55	40	95	11	9	20	66	49	115

VITAL STATISTICS **Rates for Northumberland compared with England and Wales**

Year	Still Births		Neo Natal Mortality		Early Neo Natal Mortality		Perinatal Mortality		Infant Mortality		Maternal Mortality	
	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.
1964	15.9	16.3	14.9	13.8	12.7	12.1	28.5	28.2	20.1	19.9	0.12	0.25
1965	16.9	15.8	12.0	13.0	10.9	11.3	27.6	26.9	16.0	19.0	0.24	0.25
1966	16.8	15.4	13.5	12.9	11.5	11.1	28.1	26.3	20.1	19.0	0.13	0.26
1967	13.9	14.8	12.5	12.5	10.4	10.8	24.1	25.4	17.6	18.3	0.00	0.20
1968	13.6	14.0	11.5	12.3	9.5	10.5	23.1	25.0	16.5	18.0	0.00	0.24
1969	12.5	13.0	11.5	12.0	9.4	10.0	21.7	23.0	15.6	18.0	0.42	0.19
1970	12.8	13.0	10.9	12.0	8.5	11.0	21.2	23.0	16.1	18.0	0.00	0.18

Child Health Clinics

The popularity and use of clinics can best be judged by the number of babies brought by their mothers shortly after birth. During last year, 96% of the 7,166 born alive attended for an initial examination and a total of 31,528 made a total of 129,348 attendances. It is clear that the child health clinics continue to meet a need and that the use that is made of them has grown steadily. In 1950, the number of infants who attended was 19,400 and this figure grew by 1960 to 27,000, while the figure for this year shows a further increase. The year in which the largest number of children attended was 1965, but the decline since then has only mirrored the reduced number of births. The developmental screening tests of the babies are of great value and the mothers clearly appreciate the opportunities for receiving advice on problems which may arise as the infants grow older.

The work of the clinics is shared between family doctors, doctors working part-time on a sessional basis and having a particular interest in developmental paediatrics and the health visitor.

As the family doctor/nurse teams spreads through the county, it is hoped that more family doctors will find time to attend a refresher course on paediatrics such as is organised by the University of Newcastle upon Tyne Child Health Department and then take the opportunity of holding child health sessions in clinics and health centres.

The provision of new health centres is described on page 21

At the end of the year there were 28 purpose built clinics and 13 adapted clinics in use as well as the use of many village and church halls up to a total of 87 premises.

CONGENITAL ABNORMALITIES

The scheme which started in 1963 for the notification of congenital abnormalities observable at birth continued during the year. The number of children notified during 1970 and details of the malformations are shown below :—

<i>Year</i>	<i>No of children notified with defects</i>		
1964	108
1965	125
1966	74
1967	87
1968	115
1969	126
1970	141

<i>Type of Malformation</i>					
Central Nervous System	..	..	..	..	39
Eye, Ear	..	..	..	..	2
Alimentary System	..	..	..	..	17
Heart and great vessels	..	..	..	..	8
Respiratory System	..	..	..	..	1
Uro-genital system	..	..	..	..	25
Limbs	..	..	..	..	47
Other skeletal	..	..	..	..	3
Other systems	..	..	..	..	6
Other malformations	..	..	..	..	10
					<hr/> 158 <hr/>

CONSULTANT CLINICS

Ophthalmic and orthopaedic sessions for school children are held in clinic premises and pre-school children who are referred from child health clinics attend by arrangement. The number of children attending are shown below :—

<i>Ophthalmic</i>	1970	1969	1968	1967	1966	1965
No. of pre-school children examined	1,547	1,648	1,672	1,493	1,838	1,250
No. of Spectacles prescribed	159	197	239	252	231	229
<i>Orthopaedic</i>						
No. of new cases who attended	888	912	963	908	856	788
No. of old cases who attended	1,347	1,105	1,131	1,110	988	1,031

Speech therapy is also given to pre-school children where necessary, by arrangement with the School Health Service. During the year 80 pre-school children were treated compared with 67 in 1969.

ANTE NATAL CLINICS

The practice of family doctors giving ante-natal advice to their own patients in county owned clinics has continued and a health visitor/midwife team is available either in the clinic or at the doctor's surgery. The number of expectant mothers attending was the highest for four years :—

Year	No. of Expectant Mothers attending	Total No. of Attendances
1966	6,831	35,321
1967	6,628	33,231
1968	6,751	32,571
1969	6,477	32,299
1970	6,768	34,247

The increase in the practice of ante-natal care in the past 20 years is shown by the fact that, while in 1950 the number of women attending the clinics represented 76% of the births for the year, in 1960 this had risen to 80% and, in 1970, to 92%.

Post natal supervision continued as in previous years :—

Year	Number of Mothers Attending
1966	3,112
1967	2,839
1968	2,773
1969	2,937
1970	2,821

Although these numbers are small, they represent more than 100% increase since 1950. Still more education is needed to impress the importance of this examination on the mothers.

RELAXATION CLINICS :

Ante-Natal relaxation classes are held at 30 clinics, the majority being under the supervision of physiotherapists and the others by especially trained health visitors and midwives. The demand for this service continues and more expectant mothers made use of it than during the previous year. In all, 1,393 women attended these classes with a total of 8,014 attendances.

DISTRIBUTION OF WELFARE FOODS

This is a service provided by the Council for the Department of Health at all the clinics and also by postal service from the central food store in Gosforth.

The table below shows the amount of milk and vitamin supplements sold during the year.

Year	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
1966	60,943	9,441	8,861	155,087
1967	54,572	8,360	7,199	159,041
1968	42,051	7,459	7,052	147,425
1969	33,358	7,505	7,891	164,068
1970	30,640	6,581	8,706	168,956

In addition, a number of proprietary brands of baby milk and other forms of nourishment were available for purchase when mothers have attended the clinics with their babies.

The decrease in the sale of National Dried Milk which has been noted for some years continued and the position has been reached where the amount sold is only a small fraction of what it was in the past. In 1956 the distribution amounted to 286,000 tins compared with 30,000 this year. The Council are merely the agents of the Government in this matter but some thought needs to be given to the future of this service.

FAMILY PLANNING CLINICS

An additional clinic was opened at the Throckley Child Health Clinic in March and extra sessions were held at established clinics. It is clear from the greater interest by the public that this service should be expanded even more in the near future.

At all seventeen clinics which are held in Council Child Health Clinics or in Health Centres, the 1967 Act is fully implemented and examinations and advice are given without charge in all cases. Drugs and appliances are also free in medical cases or where the patient is in financial need.

The arrangements continued whereby the Family Planning Association held sessions in Council premises at Ashington, Blyth and Tweedmouth and in addition to a grant for this service, the Association also receives financial help for county patients seen in the Boroughs of Tynemouth and Newcastle upon Tyne.

Ten years ago there were only two directly provided family planning clinics and only 170 women attended during the year in 1960. The work has steadily increased and the number of attendances has increased fourfold in the last five years as the following table shows :—

CLINIC	No. of Attendances					No. of Half Day Sessions				
	YEARS									
	1966	1967	1968	1969	1970	1966	1967	1968	1969	1970
Acklington ..	18	44	69	57	52	9	12	11	9	10
Alnwick ..	130	131	189	197	254	25	25	26	25	23
Bedlington ..	—	67	238	388	438	—	14	23	26	43
Chapel House	—	126	199	194	298	—	24	26	22	24
Fordley ..	—	141	296	448	613	—	25	26	32	47
Gosforth ..	92	137	172	220	260	22	24	24	26	31
Hexham ..	520	409	434	461	439	52	50	47	51	55
Longbenton ..	82	132	152	314	416	22	23	25	27	35
Monkseaton ..	286	451	636	1,027	1,013	40	48	44	75	81
Morpeth ..	—	5	86	155	218	—	3	22	21	25
Newbiggin Hall ..	—	—	—	57	167	—	—	—	13	23
*Rothbury ..	1	41	14	17	—	4	26	24	11	—
Seaton Sluice	—	—	105	160	171	—	—	21	25	24
Shiremoor ..	41	247	550	610	571	11	41	51	49	51
Throckley ..	—	—	—	—	124	—	—	—	—	23
Wallsend ..	218	321	514	571	617	45	46	49	49	54
Widdrington ..	14	37	80	84	109	9	11	11	12	12
Wooler ..	—	—	—	87	202	—	—	—	16	23
TOTALS ..	1,402	2,289	3,734	5,047	5,962	239	372	430	489	584

* Rothbury Clinic ceased June, 1969

CERVICAL CYTOLOGY

A joint service for this preventive screening test has been provided for many years by family doctors working in clinics and as part of the family planning service.

There has continued to be a steady demand for this test as the following table shows but there are very large numbers of women in the appropriate age groups who do not take advantage of this scheme of examination.

CLINIC	No. of Smears Taken
Acklington.. ..	294
Alnwick	203
Amble	303
Guide Post	158
Bedlington Station	250
Bedlington Health Centre	553
*Blyth	497
Chapel House	195
Cramlington	107
Fordley	314
Forest Hall	23
Gosforth	232
Haltwhistle	80
Hexham	165
Killingworth	13
Lemington.. ..	20
Longbenton	488
Monkseaton	783
Morpeth	115
Newbiggin-by-the Sea	245
Newbiggin Hall	122
Ponteland	179
Seaton Sluice	163
Seghill	27
Shiremoor	260
South Broomhill	52
Throckley	74
Tweedmouth	160
Wallsend	609
West Wylam	62
Widdrington	70
Willington Quay	47
Woodlands Park	128
Wooler	110
Wark	14
TOTAL	7,117

* General Practitioners Surgery

Reports from the Pathology Laboratory at the Newcastle General Hospital, are received either by family doctors or by the doctor attending the clinic, and when necessary, results Grades IV and V, patients were referred to hospital for investigation and treatment.

Of the 2,959 smears taken at Family Planning Clinics, five required treatment. The remainder, which is 99.8%, gave a satisfactory result.

COMMUNITY NURSING SERVICE

(Miss Y. E. Buckoke)

1. STAFFING

During 1970 the staffing position continued to be reasonably satisfactory though the staff turn-over was considerable and delay was experienced in filling some vacancies. 14 health visitors, including 1 group adviser resigned and 15 were appointed. 10 students commenced training during the year under the Council's grant aided scheme. In the district nursing and midwifery service there were 16 resignations. 24 appointments were made and this included 4 new posts one of which was for an additional male nurse. At 31st December the staffing position was:—

	<i>In post</i>	<i>Vacancies</i>
County Nursing Officer	1	—
Area Nursing Officers	4	—
Group Adviser/Health Visitors	6	1
Health Visitors (full-time)	96	4
Health Visitors (part-time)	8 (5)	—
District Nurses (full-time)	77	1
District Nurses (part-time)	38 (14)	—
District Midwives (full-time)	14	—
District Midwives (part-time)	3 (1.5)	—
District Nurse-Midwives (full-time)	42	—
District Nurse-Midwives (part-time)	2 (1)	—
Health Visitor Assistants (part-time)	34 (10)	—
Bath Attendants (full-time)	2	—
Bath Attendants (part-time)	18 (5)	—

The figures given in brackets relate to whole-time equivalent.

2. FAMILY DOCTOR ATTACHMENT SCHEMES

New attachment schemes were initiated with 9 family doctor practices involving 6 district nurses and 4 health visitors. By the end of the year, 78 health visitors and 86 district nurses were participating in schemes involving 80 practices. One scheme for cross-boundary visiting was initiated in conjunction with Newcastle upon Tyne Health Department involving the attached district nurses and health visitors from 1 County and 1 City based practice. The scheme presented no difficulties and was welcomed by the doctors and nursing personnel concerned.

Several members of staff attended a symposium on family doctor attachment schemes which was organised by the University of Newcastle upon Tyne Medical School and at which a health visitor and a district nurse from the County were invited to speak.

One health visitor, together with the family doctor to whose practice she is attached, were invited to the annual conference of Health Visitor Tutors organised by the Council for the Training of Health Visitors to speak on the work which she is doing in the practice. Attachment to family doctor practices has opened up

many new areas of work for health visitors, particularly in health education and medico-social support and the developments which are taking place in this practice have proved to be of national interest.

3. HEALTH VISITING

	1967	1968	1969	1970
1. FIRST VISITS				
(a) 0 — 1 year	7545	7195	7242	7313
(b) 1 — 2 years	7377	7113	6882	6677
(c) 2 — 5 years	23741	19451	17563	15538
TOTAL	<u>38663</u>	<u>33759</u>	<u>31687</u>	<u>29528</u>
2. (a) Persons aged 65 or over ..	6927	4937	5444	6013
(b) No. in 2 (a) visited at request of G.P. or hospital ..	2698	2512	2965	2998
3. (a) Mentally disordered persons.	561	441	402	432
(b) No. in 3 (a) visited at request of G.P. or hospital ..	297	250	214	252
4. (a) Persons discharged from hospital (other than mental hospitals)	619	594	564	591
(b) No. included in 4 (a) visited at request of G.P. or hospital	279	389	323	331
5. Tuberculosis households ..	503	322	249	228
6. Households visited on account of other infectious diseases	163	189	163	510

The increase in visits paid in connection with infectious diseases was due to an outbreak of infective jaundice in one area of the County.

The decrease in births over the past few years together with the generally high standard of child care and the excellent use made by mothers of clinic facilities has enabled health visitors to devote more of their time to age groups and categories of patients not included in these statistics. The promotion of the health of families with young children, including family planning, is however important and must not be neglected. At the same time, comprehensive patient care involves health teaching and preventive counselling with the vulnerable and the sick as well as with the apparently healthy and if these aspects of care are to be developed, greater numbers of health visitors will be required in the future.

Varying degrees of success have been achieved in the attachment of health visitors to family doctor practices. All but a few have resulted in worth-while developments in the work of health visitors with greater involvement in the over-all care of practice patients, particularly the elderly, the handicapped and the chronic sick. Some are holding consulting sessions in surgeries and in a few the doctors have provided a consulting room especially for the health visitor.

Screening tests for the detection of deafness continue to be carried out on all infants at 7—9 months with subsequent tests for those considered 'at risk.' During the year 10 children were referred for consultant advice having failed the test.

Regular supervision of the 111 registered daily minders was carried out by the health visitors. The majority of these are essentially part-time play groups for 3—5 year olds and the health visitors function relates to the giving of advice on all matters relating to the health and safety of the children as well as on the organisation of play activities and the provision of suitable equipment. Play groups run by voluntary workers under the supervision of health visitors were held in 18 clinics and in the majority of these priority was given to children with speech defects, those in need of intellectual stimulation as well as the handicapped and those from poor home backgrounds.

In addition to the health education work carried out with individuals, and in child health and ante-natal clinics, 96 talks and lectures were given to various clubs and organisations. A number of health visitors started group teaching with practice patients suffering from hypertension and for the obese. The 26 Mothers Clubs have continued to be popular and have provided an excellent milieu for health education. In the School Health Service 1476 pupils attended parentcraft courses and in addition health visitors gave 110 talks in schools on a wide variety of health topics.

4. DISTRICT NURSING

	<i>New Cases</i>	<i>Total Visits</i>	<i>Advisory Visits</i>	<i>Surgeries</i>	<i>Patients Treated</i>	<i>Total Treatments</i>
1967	11,990	294,251	13,422	3,434	5,467	20,154
1968	14,304	318,665	14,939	4,813	10,002	29,276
1969	15,881	320,157	19,425	7,825	21,546	54,649
1970	18,605	335,425	22,322	11,896	33,681	84,443

In addition to nursing a larger number of patients at home, district nurses are increasingly assisting family doctors with the on-going supervision and assessment of the sick and this is reflected in the number of follow-up visits paid. 20,100 such visits were paid during the year, an increase of 13,670 over the figure for 1969. Of the 86 district nurses who are attached to family doctor practices, 56 now hold regular treatment sessions in surgeries. It is of interest to note that the number of patients treated there greatly

exceeds the total number of patients nursed at home. This results in better use being made of the nurses time. The accommodation and equipment provided by doctors for nursing staff is generally of a very high standard and is greatly appreciated by the staff concerned.

12 State Enrolled nurses are now employed in the district nursing service and experience has demonstrated that their training equips them to undertake a high proportion of the practical nursing undertaken in patients' homes and in surgeries. This has considerable implications when considering staffing requirements and a higher proportion of this grade of staff will be employed in the future. The bath attendants have made a valuable contribution to the service by assisting the qualified nurses with the routine care of elderly and infirm patients.

Male Nurses are playing an important part in district nursing particularly in genito-urinary cases of men patients discharged early from hospital.

The Marie Curie Memorial 'Day and Night Nursing Service' for cancer patients continued to function and provided night nursing for 33 patients in the terminal stage of their illness. In addition many patients received assistance through the Area Welfare Group Scheme of the Foundation. The special committee of district nurses, family doctors and friends in the Whitley Bay area raised over £400 during the year for this service.

5. DISPOSABLE EQUIPMENT AND NURSING AIDS

The provision of disposable and pre-sterilised equipment such as syringes, catheters, masks, gloves, dressing towels and enemas has greatly facilitated the work of district nurses. In addition, pre-sterilised dressing packs are now available on prescription, but ideally these should include everything required for carrying out surgical dressings i.e. forceps, gallipots, swabs and dressings. The need for such provision will become more apparent as the number of early discharges from hospital following surgery increases. In the future, it may prove possible to arrange for this through the Central Sterilising Supply Departments of local hospitals. The traditional district nursing bag is also no longer appropriate for present day needs and some alternative will need to be found. Incontinence pads, which are supplied through the Industrial Training Unit at Blyth and the protective clothing and liners for ambulant incontinent patients have proved a great boon to patients and their relatives. The storage of all this equipment has created problems and in those areas where there are no facilities in clinics, it is necessary for nurses to devote space in their own homes and cars in order that they can maintain adequate stocks.

Stocks of after-care equipment and nursing aids are maintained at the area offices and again there is a problem for nurses in rural areas who frequently need to keep a supply of bed-pans, air-rings, back rests and waterproof sheeting in their homes.

6. MIDWIFERY

	<i>Total live and stillbirths</i>	<i>Home Confinements</i>	<i>Number discharged on/before 48 hours</i>
1967	7,545	707	997
1968	7,270	422	1,145
1969	7,137	253	1,193
1970	7,259	194	1,450

In this field a great change has occurred in the pattern of the service, a change which commenced in the 1950's and accelerated in the 1960's. In 1950 there were 2,800 home confinements ; this figure fell to 2,093 in 1960 and the fall continued until the 1970 total of only 194 was reached. This has produced staff problems and the solution of the problem has received much consideration.

The following table shows the number of home deliveries undertaken during the year by the staff concerned :—

<i>Number of Cases</i>	<i>Full-time Midwives</i>	<i>District Nurse-Midwives</i>
0	1	24
1—2	—	17
3—5	5	6
6—10	5	2
11—20	5	—
21—25	1	—

10 midwives or nurse-midwives were replaced by district nurses. At the end of the year, the number of full-time midwives working in urban areas was 14 and the stage has now been reached when it is not possible to make further reductions without inviting a break-down in the service. In other areas, increasing use is being made of the Council's powers under the Health Services and Public Health Act 1968 to arrange for the post-natal visiting of maternity discharges to be undertaken by nurses who do not possess the full midwifery qualifications. Some of the nurses concerned hold Part I of the Central Midwives Board Certificate and others have taken an approved 3 month obstetric course. During the year, one district nurse was seconded for this training.

Progress with the scheme for county midwives to deliver their own booked cases in the General Practitioner Unit, Ashington Hospital, has been slow and only 11 such cases were undertaken during the year. 4 out of the 5 midwives participating in the scheme also undertake district nursing duties within family doctor practices and this aspect of their work has undoubtedly affected their availability to attend for the delivery of patients in the hospital.

The Guthrie Test for phenylketonuria is carried out by midwives or nurse-midwives on those babies born at home or discharged from hospital after 48 hours. No case was detected during the year.

Pre-sterilised maternity outfits are supplied for all home confinements and a modified pack is provided for patients discharged from maternity hospitals.

7. LIAISON WITH HOSPITALS

Liaison between health visitors, district nurses and midwives and hospital staff is developing satisfactorily. During the year Chief Nursing Officers, Matrons and Principal Medical-Social workers in every hospital in Northumberland, Newcastle upon Tyne and Tynemouth were supplied with complete staff address lists together with details of all family doctor attachment schemes and amendments to these are sent monthly. This attempt to facilitate communications between the hospital and community services involves a considerable amount of work for the clerical staff of the section, but has proved worthwhile as it resulted in an immediate increase in the number of direct referrals. Letters of appreciation were received from nearly every hospital to whom the information was supplied.

8. FAMILY PLANNING

During the year health visitors, midwives and district nurses played an active part in bringing the County's family planning services to the notice of the public. Midwives and district nurses continued to assist the doctors at clinic sessions and further groups undertook training with the Family Planning Association. The rapid growth which is taking place in this service will necessitate the training of a large number of staff in the future and plans are now in hand to initiate an in-service training scheme in practical techniques to be given by the medical staff of the department.

9. STAFF TRAINING AND DEVELOPMENT

In the latter part of the year the council was one of a small number of authorities invited by the Department of Health and Social Security, to consider producing a Model Scheme of Nursing Management for other Counties to follow. This request came after the report of the Committee chaired by Mr. E. L. Mayston and published in October, 1969, on Management in Local Health Authority Nursing Services and was the direct result of the similar structure being introduced into hospitals following the Salmon Report.

The Chairman of the Health Committee attended the initial meeting held at County Hall in October, with officers of the Department of Health and, as a result, the Committee agreed that its officers should bring forward a scheme of management with top, middle and first line managers co-ordinating the work of those in the field.

The County Nursing Officer, already having four area nursing officers and an establishment of seven group advisers in communication with the field staff, was able to develop a model scheme which was discussed at length with Nursing Officers at the Department and which it was expected would be accepted for help to other counties.

After delays caused by the strike of the Post Office, I am able to say, as this report is being prepared, that the scheme prepared by Miss Buckoke was accepted and it is hoped that the Council will be able to implement it financially during the years 1971/73. A full report will be given in the next report.

16 midwives and 12 health visitors attended residential refresher courses. 2 health visitors attended a six weeks course for fieldwork instructors and 2 district nurses a two week course for practical work instructors. 6 district nurses completed the district nurse training course and were awarded the National Certificate in District Nursing. 1 Area Nursing Officer attended a "Middle Management" course at the Newcastle upon Tyne Polytechnic and the County Nursing Officer, a multi-disciplinary residential course in "Top-line Management" organised by the Newcastle Regional Staff Committee in association with the University of Strathclyde.

In addition to the usual staff conferences and area meetings, an active programme of in-service training was pursued which included the following :—

1. A five-day refresher course at the Royal Victoria Infirmary for 6 district nurses which included clinical teaching by medical and nursing staff in the wards, departments and theatres of the hospital. 42 district nurses living within reasonable travelling distance of the hospital have now completed this course.
2. The continuation of the course on "mental illness" at St. George's Hospital, Morpeth, 30 health visitors attended for a five day course in the wards and departments of the hospital and 37 attended the series of 20 lectures given by members of the hospital consultant staff.

Other groups of staff attended study days at Hexham General Hospital and Preston Hospital ; a study session organised by the Royal College of Nursing and a symposium on family doctor attachment schemes organised by the Medical School, University of Newcastle upon Tyne.

We are indebted to all the medical and nursing staff who contributed to these programmes.

10. STUDENT EDUCATION AND VISITORS TO THE COUNTY

As in previous years, student nurses from the Royal Victoria Infirmary, the Newcastle General Hospital and Hexham General Hospital, came to the County for a programme of visits with district nurses, health visitors and to child health clinics. Visits were also arranged for student nurses from St. George's Hospital, Morpeth and for the first time, for pupil nurses from Berwick Infirmary. In addition, lectures on the social aspects of disease were given to the students and pupils by the nursing officers.

Five student health visitors from the Newcastle upon Tyne Polytechnic undertook the whole of their practical training with the three designated fieldwork instructors in the County. In addition, arrangements were made for other health visitor students from the Polytechnic and all of those taking the Diploma Course in Hospital and Community Nursing to spend a week with staff in rural areas. A week's programme was also arranged for four other health visitor students from training schools in various parts of the country. Programmes were also arranged for a group of 30 midwives undertaking a refresher course in Newcastle upon Tyne and for 40 medical students.

In addition, programmes were arranged for a large number of students and qualified workers representing 17 different disciplines including social workers, teachers and theological students. The burden placed on field staff in coping with increasingly large numbers of students and visitors could become intolerable and it is questionable whether all are really essential. Priority must always be given to practical training for nursing and medical students and perhaps some alternative means found of informing others about the work of health visitors and district nurses.

DAY NURSERIES AND CHILD MINDERS

Because of the shortage of nursery schools, the popularity of privately organised play groups continued as was demonstrated in last year's report.

Special leaflets were prepared to help persons wishing to register as child minders or to open day nurseries and these included information about literature on the subject as well as a list of recommended furniture and equipment.

As has been mentioned in the section on the community nursing service, regular visits of inspection and to give advice were made by health visitors to the 111 women who were registered as child minders. Medical staff arranged for the preliminary examination of all premises, for the legal requirements being fulfilled and also for regular visits to be made to the 67 day nurseries after registration. This involved a considerable number of routine calls to houses and public halls to be fitted in with the child health doctors' normal morning medical duties at clinics.

The number of day nurseries increased from 55 to 67 and at the end of the year provided 1931 places for children aged 3 to 5 years. Similarly, daily child minders increased from 71 to 111 to give play group facilities for 576 children.

A part-time play group adviser, who is a trained nursery nurse, attends five morning sessions each week in clinics in areas where the need is not met by private groups.

In addition to this large amount of official help for pre-school children brought about following the 1948 regulations, health visitors have arranged volunteers to start play groups in 18 clinics and these have been particularly useful for children in need of companionship and stimulation.

DENTAL SERVICE

(Mr. A. E. ROBINSON, F.D.S., R.C.S.).

As in previous years dental inspection and treatment of expectant and nursing mothers and children under five years of age was carried out by the School Dental Officers.

The majority of patients attended by appointment for treatment at the undermentioned clinics, the remainder being treated when the mobile dental units were operating in the more remote parts of the county :—

1.	Alnwick	Miss S. M. Crute, B.D.S.
2.	Amble	Mr. C. A. Nutt, L.D.S.
3.	Ashington	Mr. R. S. Ferrell, L.D.S.
4.	Bedlington	Mr. G. W. R. Bryant, L.D.S.
5.	Blyth	Mr. E. G. Stuart, B.D.S.
6.	Cowpen	Mr. H. J. Coombes, L.D.S.
7.	Cramlington	Mr. T. M. Mahadervan, L.D.S.
8.	Fordley	Mr. W. Robson, L.D.S.
9.	Forest Hall	Mr. G. C. J. Long, B.D.S.
10.	Gosforth	Mr. I. R. Atkinson, B.D.S. (Resigned 31/8/70) Mrs. M. I. Matthews, B.D.S. (Com- menced 1/9/70)
11.	Guide Post	Mr. C. I. Cousins, B.D.S.
12.	Haltwhistle	Mr. I. W. Atchison, B.D.S.
13.	Hexham	Miss H. C. Gent, B.D.S.
14.	Longbenton	Mrs. P. Nicholson, L.D.S.
15.	Low Willington	Miss O. I. Wears, B.D.S.
16.	Morpeth	Mr. S. J. Smithson, L.D.S.
17.	Newbiggin-by-the-Sea	Mr. C. L. Carmichael, B.D.S., D.P.D., D.D.P.H., R.C.S.
18.	Newbiggin Hall	Mrs. M. P. Furness, B.D.S. *(Resigned 19/12/70)
19.	Newburn	Mr. J. W. K. Lumley, L.D.S.
20.	North Tyne	Mr. T. A. Ireland, L.D.S.
21.	Ponteland	Mr. G. C. J. Long, B.D.S.
22.	Prudhoe	Mrs. S. E. Williams, L.D.S.
23.	Rothbury	Mr. S. J. Smithson, L.D.S.
24.	Seaton Delaval	Mr. A. E. Robinson, F.D.S., R.C.S.
25.	Shiremoor	Mrs. W. S. Drury, L.D.S.
26.	Throckley	Mr. J. D. Lamb, B.D.S.
27.	Tweedmouth	Mr. I. Stonehouse, B.D.S.
28.	Wallsend	Mr. J. F. Horseman, L.D.S.
29.	Whitley Bay	Mrs. W. S. Drury, L.D.S.
30.	Woodlands Park	Mr. W. Robson, L.D.S.
31.	Wooler	Mr. R. W. Whittingham B.D.S.

* Part-time.

Once again the overall picture of dental treatment provided for patients under the Maternity and Child Health Service remains very similar to that provided in recent years. There was a slight increase in the number of sessions devoted to this work, 637 during the year under review compared with 593 in 1969. This resulted in an increase in the number of fillings done for children under five years of age.

Although the practice of referring pre-school children from birthday clinics for routine inspection was still carried out, one

feels that in some parts of the county this service is not receiving sufficient publicity as many parents seem to be unaware of its existence. It is in this sphere that the Health Visitors can play a vital part in bringing to the notice of young mothers the importance of early dental examination ideally between the age of two to three years, in order that they may receive advice on correct diet for the young child correct dental hygiene and how to correct harmful habits such as thumb sucking and dummy sucking.

Of the pre-school children examined, 41.8% were found to require no treatment. These children were of course given a further appointment to attend again in four to six months time for a further examination. This figure of 41.8% of children requiring no treatment showed a fall of 3.7% compared with those children examined in 1969.

These findings were however of no great significance as there were a large number of pre-school children who were never brought to the clinic at all and it was, therefore, very difficult to get a true picture of the dental health of the under five year olds. This is an entirely different problem to that of assessing the dental health of the school child where one has a captive population to deal with.

One looks forward to a continued reduction in the incidence of dental decay in those pre-school children who have the good fortune to live in those areas in the county where the water supply has been fluoridated for nearly two years.

The following tables show the dental treatment carried out during the last five years for expectant and nursing mothers and children under five years of age. :—

<i>Expectant and Nursing Mothers</i>					
	1966	1967	1968	1969	1970
Number Treated	830	577	486	397	338
Extractions ..	1271	792	960	601	542
Fillings	1367	1263	1131	834	804
Dentures ..	399	311	265	214	167
General					
Anaesthetics ..	98	80	97	59	43

<i>Pre-school Children</i>					
	1966	1967	1968	1969	1970
Number treated	2187	1893	1714	1577	1474
Extractions ..	2127	2202	2265	1854	1549
Fillings	2010	2293	2296	1779	1932
General					
Anaesthetics ..	637	678	649	553	453

VACCINATION AND IMMUNISATION

Vaccination against Rubella (German Measles) was recommended by the Joint Committee on Vaccination and Immunisation for all girls between their 11th and 14th birthdays and in a circular dated 29th July, 1970, the Secretary of State asked local health authorities to make arrangements for such vaccination and in the first place offered free vaccine for girls in their 14th year.

Small quantities of vaccine were received from September onwards and by the end of December, 2,069 girls had received protection out of an approximate total of 3,700 girls born in 1957.

The remaining programme of protection against diphtheria, whooping cough, tetanus, smallpox, poliomyelitis, tuberculosis and measles was unchanged and details were given in last year's report.

TRIPLE ANTIGEN IMMUNISATION

Three injections before baby's first birthday give adequate protection against diphtheria, whooping cough and tetanus. The totals show significant increases compared with 1969 and details are given on page 106.

POLIOMYELITIS

The vaccine given by mouth has continued to be used and the fact that there has been no case of the disease in a vaccinated child since 1962 shows the value of the preventive treatment. The number of children protected increased from 5,523 in 1969 to 6,245.

SMALLPOX

The total number of babies (not adults) vaccinated against smallpox continued to be very small, 2,764 compared with 2,628 in 1969 and 1,426 in 1949. In 1939, when vaccination was a compulsory measure only 1,464 children were treated and it is clear that only an outbreak of smallpox near at hand will improve the vaccination state. It is now 38 years since a case of proved smallpox occurred in Northumberland.

Vaccination against smallpox in persons under 16 years :

Age at date of vaccination	Number of persons vaccinated (or revaccinated during period)	
	Number Vaccinated	Number revaccinated
0—3 months	59	—
3—6 months	68	1
6—9 months	12	—
9—12 months	18	—
1 year.	1,273	1
Total under 2 years	1,430	2
2—4 years	940	31
5—15 years	394	345
Total (persons)	2,764	378

MEASLES

As mentioned in the notes on infectious diseases, public interest in protection against measles was slow to return and the figures for the last three years are as follows :—

1968	1969	1970
8,722	3,210	4,826

GENERAL STATE OF PROTECTION IN THE COUNTY

The following table has been produced by the Department of Health and Social Security and shows the percentage of children completely protected for England and for Northumberland. It will be seen that with the exception of smallpox vaccination the protection rates obtained in the County were higher than the national figures.

Local Health Authority	Percentage of Children Vaccinated by 31/12/69 (born in 1968)			Smallpox (Children Under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
England	79	81	79	35
Northumberland ..	84	85	83	20

AMBULANCE SERVICE

As in previous years the work of the Ambulance Service continued to increase. This caused a certain amount of pressure to be placed on the operational and control staff and only by the working of overtime was the service to the public maintained.

The opening of day centres for old people in the Ashington, Gosforth and Morpeth areas increased the commitments of the ambulance service here and in addition the attendance of patients at the renal dialysis units at the Royal Victoria Infirmary and Ryehill Hospital increased during the year. In most cases ambulance transport for these patients to and from hospital is required during the periods when only emergency cover is provided.

	1968	1969	1970
Journeys	55,928	55,449	53,170
Patients	236,270	244,631	238,627
Mileage	1,753,468	1,766,503	1,751,331
Miles per patient ratio	7.6	7.4	7.3

The figures given above for 1970 do not show the reported increase in the number of patients conveyed and miles run, as during the latter part of 1970 the ambulance service staff were involved in an industrial dispute in support of a pay increase. During the dispute, staff did not record the number of patients carried, in particular on return journeys from hospitals and, at one stage, when ambulancemen refused to work overtime, it was necessary to cancel all hospital appointments for patients after 2-30 p.m. each day.

The only comparable figures are those which show the increased work during the first nine months of 1969 and 1970.

	1969 (9 months)	1970 (9 months)
Journeys	41,630	41,310
Patients	181,537	187,974
Mileage	1,320,816	1,332,202

During the past year improvements in staff accommodation were carried out at Bedlington Ambulance Station.

Orders were placed for the following new vehicles :—

- 2 Bedford Large Ambulances
- 5 Bedford C.F. Van Ambulance Conversions

Delivery of these vehicles was delayed for as much as seven months due to industrial disputes within the motor industry. This caused additional work for workshop staff and I would like to compliment Mr. Percy, Deputy County Ambulance Officer, Mr. Scott, Chargehand Motor Mechanic and the workshop staff on their efforts to maintain the availability of vehicles during this period.

During the year 11 members of the staff attended six training courses at the West Riding of Yorkshire and Cheshire County Council Ambulance Training Schools. In addition, 35 ambulance-men attended two week courses at the North-East Ambulance Training School. Three Station Officers attended Ambulance Instructors' Courses at Cheshire County Council Training School and two were successful in obtaining their instructor's certificate.

Teams from Berwick, Ashington, Seaton Delaval and Morpeth Ambulance Stations took part in the County Council Knock-Out Ambulance Competition. The Berwick team were successful and represented the authority in the regional competition. Again they were successful and went forward as the representative of the North-East region in the national final which was held at Stoke Mandeville Hospital, Buckinghamshire. They were placed fifth out of ten teams competing.

In the National Safe Driving Competition 109 driving awards were gained by personnel out of a total of 137 as follows :—

Star Bar to 20 year Brooch...	2
20 year Brooch	1
Corresponding Bar to 15 year Brooch	5
Special Bar to 15 year Brooch ..	2
15 year consecutive brooch ..	3
Oak Leaf Bar	17
10 year Medal	1
Bar to 5 year Medal	25
5 year Medal	6
Diplomas	47

The growth of the ambulance service can be seen particularly well if comparison is made with the beginning of the 1950's and the 1960's. In 1950 there were 57 vehicles with a staff of 81 men who carried 99,000 patients during the year. There were no purpose built stations, no radio control and no repair depot. By 1960 radio was in use, 11 stations were completed and a repair depot was established. The number of patients carried had doubled to 188,000 and the staff numbered 113 men, while by 1970, the staff had increased to 169, staff training had been introduced and the number of patients carried had increased by 26% to 238,000. Despite this increase in patients, the control of the service has resulted in a slight decrease in the number of journeys in the last three years with a corresponding improvement in efficiency.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Although the number of new cases of all forms of tuberculosis increased from 76 to 103, the number of new cases in persons aged under 45 years continued to fall from 36 to 34 cases of the pulmonary disease and the additional cases identified were all in older people. Only two patients under the age of 15 were notified.

There was no change in the total number dying of tuberculosis so that the death rate remained at 0.03 per 1,000 population, a twentyfold reduction in thirty years. This was, however, the first year in which no death from non-pulmonary tuberculosis was recorded.

Chest Clinic Services

The seven chest physicians shown in the list of staff have provided advice on prevention of chest diseases as part of their duties as consultants with the Regional Hospital Board.

Tuberculin skin testing and, when necessary, vaccination of persons against tuberculosis, particularly children at risk, has been carried out by the chest physicians and by departmental medical officers.

A summary of the year's work is as follows :—

A. CONTACT SCHEME (Circular 19/64)				
(i)	Number skin tested			558
(ii)	Number found positive			54
(iii)	Number found negative			500
(iv)	Number vaccinated			672
B. SCHOOL CHILDREN AND STUDENTS (Circular 19/64)				
(i)	Number skin tested			5,826
(ii)	Number found positive			195
(iii)	Number found negative			5,435
(iv)	Number vaccinated			5,391
TOTAL vaccinated with B.C.G. in 1970.. .. .				6,063

This scheme has now been in operation for 20 years and it has played a significant part in the reduction of the incidence of tuberculosis in the County. Since the inception of the scheme no fewer than 90,086 individuals have been vaccinated.

Mass Miniature Radiography

Dr. J. R. Lauckner, Medical Advisor of the North Regional Mass X-ray Unit, has supplied the following information relating to the work carried out during the year.

The Unit visited several industrial firms and provided sessions for the general public. 9,824 persons were x-rayed and 145 of these were referred to the Chest Clinic for further investigation. Of these 145 persons, three received treatment for tuberculosis, 27 were kept under supervision : there were seven chest tumours and five persons were suffering from heart conditions.

A mobile Unit was sited, at various times, at Wideopen, Cramlington, Newburn, Morpeth, Bedlington and Alnwick. It was available for family doctors in the areas wishing to have an opinion, for employees from firms and for the general public. 1,338 persons were examined at these sessions and 35 of these were referred to the chest physician for further investigation. One case of tuberculosis required treatment and six required supervision.

There has been a steady decline in the number of patients found by mass radiography to be needing treatment for tuberculosis. In 1950 the proportion of cases of tuberculosis was 0.49%. This decreased, by 1960, to 0.11% and, in 1970, the figure had fallen to 0.03%. As a result the Regional Hospital Board gave consideration to a reorganisation of the service.

Venereal Diseases

Persons living in Northumberland have the choice of attending hospital treatment centres at Newcastle General Hospital, Preston Hospital, North Shields, and Cumberland Infirmary, Carlisle.

I have received copies of the statutory returns made by the treatment centres to the Department of Health and Social Security at the end of each year and these may be summarised as follows :—

Number of new cases in the year :					Total	Men	Women
SYPHILIS	(a) primary	..	..	..	3	3	—
	(b) other	..	..	..	9	5	4
Gonorrhoea	(a) post pubertal infections	..			184	101	83
	(b) ophthalmia neonatorum	..			1	—	1
OTHER VENEREAL CONDITIONS							
	(a) non-gonococcal urethritis	..			223	223	—
	(b) trichomoniasis	..	..		92	—	92
	(c) other conditions	..	..		240	146	94
	(d) conditions not requiring treatment	..	..		399	254	145
TOTAL :					1,151	732	419

Of the three new cases of syphilis one man was aged between 16 and 17 years, one between 20 and 24 years and one over 25 years.

The 185 new cases of gonorrhoea occurred in the following age groups :—

	Men	Women	Total
Under 16	—	4	4
16—17	3	17	20
18—19	5	9	14
20—24	28	20	48
25 and over	65	34	99

As compared with last year, these figures show a slight increase, most of which is in those attending for treatment for "other venereal conditions." Comparable figures for syphilis were

an increase from 11 to 12 and for gonorrhoea from 167 to 185. The whole of the increase in gonorrhoea was found in women in all the age groups shown in the previous tables.

CONTACT TRACING

The total number of contacts sought within the area was 58, 11 of whom were men. 25 were identified by contact tracers and 29 by patients themselves. 54 people were involved, 2 patients named twice and 1 patient named thrice.

Out of 36 patients examined the results were as follows :—

	<i>Women</i>	<i>Men</i>
Syphilis ..	—	1
Gonorrhoea ..	28	2
Non-venereal ..	2	3
patients lost sight of	2	—
failed to trace..	4	1
refusals ..	3	2
attended elsewhere	4	2

As well as visits to contacts, health visitors paid 64 visits to other patients, mainly defaulters from treatment and 10 patients were escorted to the clinic in an effort to promote regular attendance.

ANTE-NATAL SEROLOGICAL TESTS

There were 2,925 serological specimens submitted from the department's clinics for examination during the year.

4 cases of maternal syphilis were treated prior to delivery and 4 babies were subsequently tested and found to be free from infection.

Chiropody Service

While the figures listed on page 101 show a reasonable increase, it is quite clear that much expansion of this service is required in the future. The main difficulty is a national shortage of trained chiropodists so that the small staff have had to cover a very large field of old and handicapped people sparsely.

The average number of treatments received by the 11,000 patients is under four per year. To receive the maximum benefit from treatment, the service required to be at least doubled for the present number of patients.

Voluntary committees continued to organise their own schemes in 25 communities and the Council made grants to them in accordance with the number of treatments given.

Renal Dialysis

The Council has accepted the policy of providing help under Section 28 of the Act for persons requiring renal dialysis apparatus in their homes because of kidney disease.

The dialysis machine and other requirements for home treatment are provided by the Regional Hospital Board who advise when the patient is likely to need alterations to their house for their discharge from hospital.

Additional space suitable for the machine, the patient's bed and correct electrical and water supplies are required and by liaison with the hospital authority, the housing authority and the department, the buildings section has made itself responsible for these specialised alterations to the house.

During 1970, 3 cases were considered and alterations to houses were financed on all occasions.

Health Education

The department continued to give the staff every encouragement in their efforts to promote both formal and informal health education in schools and clinics. In addition to the work carried out there, requests were received from Young Mothers' Clubs, Women's Institutes and other such organisations.

Requests received covered a variety of topics and as in the past the demand was met by the School Medical Officers, School Dental Officers, Health Visitors, District Nurses, the County Health Inspector and the County Ambulance Officer.

The 16 mm. sound projection unit played an important role in the health education programme. Films not available from the comprehensive stock were borrowed from film libraries. It is appreciated that a good film can have a tremendous impact on an audience and efforts are continuing to add such material to the departments library.

A great deal of use was made of the 8 mm. loop projector as an effective visual aid when being operated by a member of staff. This type of machine can also be set up in a waiting room and will continue to educate the public whilst they wait for their appointment. A good example of this would be a loop on correct teeth cleaning.

All major clinics have a 35 mm. film strip projector and these were used frequently during health education programmes. Most clinics have a stock of popular film strips and titles used less frequently are held in the library at the central office.

At the request of a local hospital a Home Safety Stand was provided as part of a fire prevention week.

A display showing the work and products of the mentally and physically handicapped was staged as part of a large exhibition showing the services available to the disabled person.

As in previous years the backbone of the school programme was the mothercraft classes and from this basis, talks and film shows were introduced into a number of schools. The main topics covered were :—Oral Hygiene, Sex Education and Human Relationships, Accident Prevention, Personal Hygiene and Care of the Feet.

Apart from the formal health education, every opportunity is taken to pass on useful information at routine medical and dental inspections.

During the year the County Ambulance Officer gave a series of lectures on simple first aid to students at the Agricultural College, Ponteland.

All County owned clinics have topical posters on display at all times and a wide range of leaflets are always available. Suitable leaflets are also distributed at evening lectures.

The figures following this report give some indication of use made of the 16 mm. sound film projector. Although the total audience figure is less than last year the number of film shows given has risen considerably.

GROUP	Year	No. of Screenings					Audience			TOTALS	
		Clinic	School	Mothers' Club	Others	Clinic	School	Mothers' Club	Others	Screenings	Audience
Ante-Natal ..	1969	130	11	—	7	1,181	161	—	175	148	1 517
	1970	139	13	3	3	1 099	444	72	38	158	1,653
Mothercraft ..	1969	27	26	—	—	324	555	—	—	53	879
	1970	44	22	—	—	439	495	—	—	66	934
Child Development	1969	32	55	45	9	269	1,203	1,389	235	141	3,096
	1970	50	46	28	8	306	968	530	176	132	1,980
Smoking and Health ..	1969	—	5	—	15	—	198	—	95	10	293
	1970	—	17	—	6	—	864	—	122	23	986
Sex Education	1969	—	56	7	11	—	3,082	258	401	74	3,741
	1970	—	80	3	3	—	2,578	96	200	86	2 874
Accident Prevention ..	1969	—	21	10	38	—	940	250	1 110	69	2,300
	1970	—	42	9	47	—	1,058	281	1,006	98	2,345
Hygiene ..	1969	—	4	5	2	—	78	102	94	11	274
	1970	—	7	1	3	—	164	18	92	11	274
Family Planning	1969	—	—	9	4	—	—	273	110	13	383
	1970	—	—	9	3	—	—	261	95	12	356
Drugs ..	1969	—	—	—	—	—	—	—	—	—	—
	1970	—	4	—	—	—	176	—	—	4	176
Health Services	1969	—	—	—	—	—	—	—	—	—	—
	1970	—	1	3	6	—	16	57	169	10	242
TOTAL ..	1969	189	178	76	76	1,774	6,217	2,272	2,220	519	12,483
TOTAL ..	1970	233	232	56	79	1,844	6,763	1,315	1,898	601	11,820

HOME HELP SERVICE

This important service which, for the last few years, has been used almost entirely to support old people in their own homes, is reported on for the last time as is mentioned in the section on new legislation. The work is removed from the responsibility of the Area Executive Medical Officers and transferred to the Social Services Department next year.

The service was started in the county, in 1938, as a maternity domestic service before it was officially incorporated into the 1946 National Health Service Act and, as I have reported each year since, the help provided has been of prime importance in keeping old people independent and preventing them from having to be admitted to an old people's home.

The annual report for that year shows that 20 mothers were assisted.

For the final report, Table 18 on page 109 shows a record year's work. 1,110 home helps went into 5,049 homes and gave a total of 899,201 hours' assistance. The table shows that 4,600 cases were helped because of old age or chronic illness.

The standard of service given by the home helps has continued to be high over the years and some of this must be attributed to the supervision given by the area health office staffs and the five Home Help organisers.

A fifth organiser was appointed towards the end of the year so that when the service was transferred from the department, it would be possible for each Social Service area to have its own organiser. The clerical staff who had been responsible, since 1948, for the detailed provision of home helps into the homes were to be transferred to the new department as well.

ADDITIONAL SPECIAL MEDICAL ASSESSMENTS

MEDICAL EXAMINATION OF NEW EMPLOYEES

Some years ago, the Council accepted a recommendation that a complete medical examination of all new staff was no longer necessary and only in the case of senior staff and ambulance drivers is an examination carried out by the medical staff.

Instead, a health questionnaire has been drawn up and each is scrutinised by the Deputy County Medical Officer to decide whether any further investigation is needed before employing the person for the job.

Last year 835 questionnaires were checked and in only a very few cases was reference made to the family doctor for more information.

MEDICAL EXAMINATION AND BREATHING APPARATUS TESTS FOR FIREMEN

The Area Executive Medical Officers have undertaken this work for the Chief Fire Officer when necessary and they also carry out special medical examinations on account of age of firemen.

REGULATION 22 (2) OF THE MOTOR VEHICLE (DRIVING LICENCES) REGULATION, 1970 — EPILEPSY ETC.

In 1970 I was asked for a medical opinion on a total of 55 applications for driving licences. The majority of these were received after 1st June when the new regulations, allowing persons suffering from epilepsy, who were on treatment but who had had no attack for three years, to hold a driving licence.

After consultation with the applicants' medical advisers, driving licences were recommended in 38 of these cases, and four were refused. Of the 55 original applications, 13 were non-epileptic. The majority had suffered occasional attacks of giddiness and a few suffered from anxiety states. None of these 13 applicants was considered to be unsuitable to hold a driving licence.

DISABLED PERSONS CAR PARKING BADGES

Scrutinising and investigation of individual requests for these badges has been carried out by the Deputy County Medical Officer.

During the year 243 investigations were made.

NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

Restructuring of the field work services of the section on to an area basis continued following the passing of the Local Authority Social Services Act, 1970. As described elsewhere, five areas were formed and teams of social workers provided a better service to the public, an extension of out-patient clinic support to local hospitals, more staff consultations and training facilities and generally increased staff resources. The Committee's policy on staff training enabled five social worker staff to be seconded for full time training and this should benefit the staffing of the new Social Services Department.

RESIDENTIAL SERVICES FOR THE ELDERLY

The opening of Northumberland House, Cramlington (62 beds) has resulted in the waiting list for beds being reduced to 271 as against 330 in 1969, admissions for the year amounting to 733*. In addition 5 ground floor extra beds were being constructed at Haining Croft, Hexham, and the Committee had accepted plans for a 50 bedded home at Westerhope which it is hoped will commence late in 1971.

* Includes 165 temporary admissions.

The present bed state is as follows :—

HOME	MEN	WOMEN	TOTAL
Bell View, Belford	2	26	28
Greenholme, Haltwhistle	14	7	21
Thomas Taylor Homes, Stannington	197	226	423
Nicholas Garrow Home, Hepscott..	9	23	32
Haining Croft, Hexham	12	16	28
Springfield, Morpeth	—	15	15
Priorsdale, Newcastle	16	—	16
Doxford Hall, Chathill	27	26	53
Tynedale, Wallsend	14	18	32
Ralph Allen Home, Warkworth ..	22	40	62
Cowpen House, Blyth	14	18	32
Northfield, Morpeth	10	—	10
Earsdon Grange, Whitley Bay ..	24	37	61
Merley Croft, Morpeth	16	16	32
Essendene, Ashington	25	37	62
Seton Hall, Tweedmouth	25	37	62
Northumberland House, Cramlington	20	42	62
	<u>447</u>	<u>584</u>	<u>1 031</u>

OTHER RESIDENTIAL ACCOMMODATION

There has been an increase in the number of private homes providing care for the elderly there now being 23 homes offering 386 places as against 21 homes and 329 places last year. Twenty two persons have been given financial assistance under Section 44

of the Health Services and Public Health Act, 1968, toward the cost of their maintenance in these homes. Three hundred and seven beds are provided by voluntary organisations in the County.

The provision of special housing for old people by voluntary groups and by housing authorities has continued and at the end of the year, the position was as follows :—

Voluntary Societies :

						<i>No of Residents</i>
(a) Completed schemes						
Abbeyfield, Gosforth	..	..	..	..	..	17
Abbeyfield, Hexham	..	..	..	..	..	5
Abbeyfield, Wooler	..	..	..	..	..	6
Avenue Friendship Club, Whitley Bay	..	..	..	..	..	8
Autumn Homes Ltd., Hexham	..	..	..	..	..	6
British Legion, Cramlington	..	..	..	..	..	36
Catholic Women's League, Whitley Bay	..	..	..	..	..	7
St. Joseph's Home, West Denton	..	..	..	..	..	10
Royal Masonic Home, Cramlington	..	..	..	..	..	2
Whitley Bay & Monkseaton Housing Assn. Ltd.	..	..	..	..	..	80
(b) Approved by Health Committee						
Help the Aged Ltd., Blyth	..	..	..	..	..	30
Help the Aged Ltd., Whitley Bay	..	..	..	..	..	20
Help the Aged Ltd., Chapel House	..	..	..	..	..	24

HOUSING AUTHORITIES :

(a) Completed schemes						
Wallsend Borough	..	..	..	..	..	40
Whitley Bay Borough	..	..	..	..	..	34
Alnwick Urban District	..	..	..	..	..	16
Amble Urban District	..	..	..	..	..	15
Ashington Urban District	..	..	..	..	..	70
Newburn Urban District	..	..	..	..	..	22
Castle Ward Rural District	..	..	..	..	..	14
Haltwhistle Rural District	..	..	..	..	..	32
Hexham Rural District	..	..	..	..	..	24
(b) Bell or light warning systems						
Wallsend Borough	..	..	..	..	..	326
Bellingham Rural District	..	..	..	..	..	5
Glendale Rural District	..	..	..	..	..	60
(c) Special Housing for physically handicapped						
Bedlington Urban District	..	..	..	..	..	14
Longbenton Urban District	..	..	..	..	..	6
Newbiggin by the Sea Urban District	..	..	..	..	..	6
Seaton Valley Urban District	..	..	..	..	..	8
Hexham Rural District	..	..	..	..	..	2
(d) Approved by Health Committee						
Newcastle County Borough—Longbenton	..	..	..	..	..	30
Newcastle County Borough—Newbiggin Hall	..	..	..	..	..	30
Ashington Urban District	..	..	..	..	..	42
Hexham Urban District	..	..	..	..	..	40
Prudhoe Urban District	..	..	..	..	..	30
Alnwick Rural District	..	..	..	..	..	20

Grants for welfare facilities provided in these special housing schemes have, in each case, been given by the Council on completion.

COMMUNITY SUPPORT

A continuing development of the meals service for the elderly has been evidenced during the year viz :—

	1970	1969
Meals on Wheels Schemes..	38	33
Meals provided	94,256	78,554
Luncheon Club Centres	24	20
Meals provided	51,501	43,175
Total meals provided..	145,757	121,722

This, together with an extension of day centre facilities and home visiting for the elderly fosters further community self help and goes some long way to helping the recipients remain in their own homes.

Again, I must express my gratitude to the members of the voluntary organisations especially the Women's Royal Voluntary Service and Old People's Voluntary Welfare Committee for their contributions in this field.

TEMPORARY ACCOMMODATION FOR THE HOMELESS

Total admissions during the year have been as follows :—

<i>Families</i>	<i>Mothers</i>	<i>Fathers</i>	<i>Children</i>
26	22	4	63

Reasons for admission have been :—

- (a) Family dispute
- (b) Eviction

The total work of the homeless family unit at the Thomas Taylor Homes, Stannington, is very similar in quantity to last year. Problems of the layout of the building make family rehabilitation difficult but the experiment continued throughout the year.

LIAISON WITH THE HOSPITAL SERVICE.

For some years now there has been consultation between the hospital physicians and medical social workers and the Deputy County Medical Officer on transfers of old people between hospitals and county homes.

Five visits were paid to see patients in hospitals in the South East Northumberland Group and as a result, 64 old people were acceptable as suitable for admission to a home.

These meetings, which also include physicians at Ashington and Hexham hospitals are of great value and in the future will maintain the medical link between the hospital and the Social Services Department.

MENTAL HEALTH SERVICE

The service was supervised by a Senior Mental Welfare Officer until 31st July, 1970. From 1st August, 1970, in preparation for the setting-up of the Social Services Department, social workers from the Health Department and child care officers from the Children's Department were integrated into five area teams under the supervision of newly appointed Area Social Services Officers.

The mental health social work staff consisted of thirteen mental welfare officers and two welfare assistants. Two officers possessed the certificate in social work and five held the certificate of recognition of experience awarded by the Council for Training in Social Work. In addition to their work under the Mental Health Act, 1959, the staff also had social welfare duties under the National Assistance Act, 1948, particularly with regard to elderly persons applying for residential accommodation.

The staff of the training centres consisted of seven qualified supervisors, ten qualified and three unqualified assistant supervisors, three trainee assistants and six nursery assistants.

The staff of the two industrial units consisted of a manager, two assistant managers and a craft instructor who are qualified with, in addition, two senior craft instructors and eight instructors who are unqualified.

A policy of seconding suitable staff to attend full-time professional training courses has continued.

STAFF DEVELOPMENT

There continued to be close co-operation between the mental health staff and the medical and social work staff of the psychiatric hospitals in the county during the year, and this is reflected in the increasing number of attendances by mental welfare officers at out-patient clinics (some of which were held in county premises) and at case conferences.

Social group work with ten long term psychiatric patients continued to be undertaken by a qualified mental welfare officer at St. George's Hospital, Morpeth at the request of the consultant psychiatrist concerned. The patients obviously benefited a great deal from this and the hospital social work and nursing staff showed keen interest in expanding the project. After a period of instruction and supervision to the senior nursing staff and social workers concerned, ten groups were established with seven patients in each. Not only was some definite patient benefit observed, but the staff gained further insight into the handling of patients in groups.

Group work was also undertaken with some adult subnormals attending the industrial units and ample evidence was produced that this aided the development of many of the trainees concerned,

particularly with regard to making a better adjustment to their life situation and to being able to form better relationships.

The arrangements made by Dr. D. Irwin, Physician Superintendent at St. George's Hospital, Morpeth, for regular monthly meetings between hospital medical and social work staff and local authority mental welfare officers continued. Case demonstrations by the consultant psychiatrists were made as in previous years, but, increasingly, the mental welfare officers participated much more actively in the programme and made individual case presentations or prepared talks on subjects of interest.

Some of the county's mental welfare officers joined officers from neighbouring local authorities at meetings held bi-monthly at Prudhoe and Monkton Hospital arranged by the Physician Superintendent, Dr. I. A. Fraser, at which there were case presentations or clinical demonstrations.

Student nurses from various hospitals and social work students from Newcastle University and Newcastle Polytechnic undertook practical work placements or made visits of observation with the mental welfare officers.

WORK UNDERTAKEN IN THE COMMUNITY

Visits undertaken by the mental health staff increased considerably over the previous year and were the highest ever recorded. The number of visits in the last five years is shown below :—

	<i>Visits to Mentally Ill</i>	<i>Total Visits</i>
1966	4,751	10,808
1967	4,948	11,274
1968	5,951	14,076
1969	5,596	13,132
1970	5,809	15,295

The total number of mentally disordered persons receiving community care at the end of the year was 1266 which shows an increase of 86 on the figures for 1969. The new referrals during the year were made up of 875 mentally ill, 8 psychopaths and 61 who were mentally subnormal.

The statutory admissions to psychiatric hospitals by mental welfare officers totalled 215, of these, 44 were admitted under Section 26 and 171 under Sections 25 and 29 of the Mental Health Act, 1959. Ninety one remained as informal patients on the expiration of their period of observation. During the year 1364 persons were admitted informally into hospital.

There were 84 mentally subnormal patients admitted informally into hospitals and 5 under Sections of the Mental Health Act, 1959, 1 under the Children and Young Persons Act and 1 under a Court Order.

Arrangements were made for 78 mentally subnormal children to be provided with short-term care in hospital either for assessment purposes or to allow the parents to have a break or a holiday.

The total number of mentally disordered persons under community care of the Local Health Authority is shown on page 111 and a summary of the work performed by the mental welfare officers is shown in Table 19.

JUNIOR TRAINING CENTRES

Progress continued to be maintained in the training facilities for 246 subnormal and severely subnormal children in the following centres :—

					<i>No. of places provided</i>
Alnwick	—	Barndale House, Howling Lane, Alnwick			
		(residential)	..	..	31
Ashington	—	South View, Ashington	..	..	36
		Special Care Unit	..	..	12
Bedlington	—	1 Beech Grove, Bedlington	..	..	35
Hexham	—	Priory Buildings, Beaumont Street,			
		Hexham	..	..	12
Prudhoe	—	54, West Road, Prudhoe	..	..	10
Tweedmouth	—	Grove Gardens, Tweedmouth	..	..	30
Wallsend	—	Elton Street, Wallsend	..	..	60
Wallsend	—	East End Park, Howdon (Special Care			
		Unit)	..	..	20

The residential junior training centre at Alnwick is open from Mondays to Fridays during school term ; and continued to serve a very useful purpose and the 31 places were fully occupied during the year.

The policy continued of introducing new methods into the curriculum and on programmes of training leading towards social competence.

Mid-day meals have continued to be provided in the day training centres by the School Meals Service.

Medical and dental examinations were carried out by the school medical and dental staff.

Part-time speech therapists have been working in Wallsend and Alnwick Centres throughout the year and this assistance has proved useful to the staff and to the pupils. At the Special Care Unit, where children with physical as well as mental handicaps are trained, advice from physiotherapists has been available.

The training centres provided practical work placements for students from Diploma Courses for teachers of the mentally handicapped and gave assistance also to student nurses and to students from universities, colleges of education, technical colleges, grammar and secondary schools for visits of observation.

The centres continued to receive generous support from various individuals and local organisations in the form of gifts which were greatly appreciated by both pupils and staff.

As this is the last complete year in which the training of mentally handicapped children will be mentioned in the report, I would like to pay tribute to the Supervisors and all the staff as well as those who have done voluntary work in the centres. In particular I would mention Mrs. Margaret Wenham, Matron of Barnsdale House, Alnwick, and all her hostel staff, for the care and devotion they have gladly given to some very handicapped children during the past 7 years in this residential school.

The progress made in the training and assessment of all mentally handicapped children in Northumberland since this work started in Wallsend in 1950 has undoubtedly been a major reason for the change about to take place in 1971 with the new Education (Handicapped Children) Act.

INDUSTRIAL UNITS

Blyth Industrial Unit, Kitty Brewster Trading Estate, Blyth.
Addison Potter Industrial Unit, Clavering Street, Willington Quay.

Progress continued to be maintained in the units which provide places for 200 trainees working in a workshop atmosphere.

The type of work undertaken in the units varied from assembling and packing to the production of manufactured articles and also printing. At one of the units the trainees have also been responsible for grass cutting, on a contract basis, on sites of neighbouring factories.

Whilst the economic and industrial aspects of the units are important, it is also considered essential to provide a balanced programme of social training and education to help trainees to make the best possible adjustment to their life situation.

The majority of trainees are now able to use public transport to and from the units, although it is still necessary to provide transport in certain cases.

The Department of Health invited the Council, together with two other County Councils to take part in a three day Collaboration Course to design a new Industrial Unit at Westerhope for 100 men and women trainees which had been approved for the 1970-71 building programme. A small team of experts from the Architect's and Health Departments and led by the Deputy County Medical Officer, had a very successful course at Littlehampton at the end of January and received Departmental approval for the building to go to working drawing stage and to tender at the end of three days intensive study. The building is due to be completed in July, 1971 in record time and, of course, has now become the responsibility of the Social Services Department.

I am very grateful to Mr. David Dunsmuir who is overall manager of all the Industrial Units for the excellent work he has done in making the units such a successful team during the last few years.

THERAPEUTIC SOCIAL CLUBS

Psychiatric social clubs at Ashington, Blyth, Whitley Bay and Wallsend continued to meet on one evening each week throughout the year. The clubs have been supervised by the mental health social workers with considerable help and support from voluntary workers and members of the consultant and social work staff of St. George's Hospital Morpeth. The average membership is 25 and the clubs have proved to be most beneficial to a number of patients who otherwise would have had no social activity or to those who have found difficulty in adjusting to a return to the community after a spell in hospital.

There is also a club providing social activities for mentally handicapped men and women under the leadership of the industrial unit staff.

VOLUNTARY ORGANISATIONS

The Gosforth and District Peter Pan Society and the Whitley Bay and District Society for Mentally Handicapped Children arrange a variety of activities for all age groups of mentally sub-normal persons in their areas. Both organisations have extensive programmes and their work is of the greatest value.

For the seventh year the Northumberland Branch of the British Red Cross Society organised a week's holiday camp for 28 subnormal boys and girls. This again proved successful and was greatly enjoyed by the children.

SERVICES FOR THE HANDICAPPED (NATIONAL ASSISTANCE ACT 1948)

There were 367 persons newly registered as handicapped during the year as compared with 301 during the preceding year. The total number registered in December was 2,773, an increase of 155 during the year.

The numbers of blind, partially sighted and deaf have shown no appreciable increase, but during the past decade the number of generally handicapped registered practically doubled, and it is assumed that people are becoming more aware of the benefits of registration.

The Department realised however, that despite the comparable increase in registration, there were still many generally handicapped people living in the County who had not applied for registration. However, although registration is purely voluntary, it is anticipated that the passing of the Chronically sick and Disabled Persons Act 1970, (parts of which became operative during the year) which extended Local Authorities' functions and responsibilities for welfare services for the handicapped will result in many more handicapped persons applying to be registered.

Duties relating to welfare services for the handicapped have hitherto been carried out by a supervisor, a welfare officer for the generally handicapped, a welfare officer for blind and generally handicapped, six welfare officers for the blind and three welfare assistants, while a mental welfare officer in the extreme north of the County also undertook responsibility for services for the physically handicapped. Two part time occupational therapists and four craft teachers were also employed.

As mentioned elsewhere in the report, five Area teams comprising all types of social workers were formed during the summer.

It has always been the Department's policy to encourage voluntary effort and it is very grateful to the twenty two voluntary committees for the blind and generally handicapped for organising social activities for the handicapped in their respective areas. In addition to regular club meetings, outings and visits to the theatre were arranged by the committees. Members of the Rotary Club, Round Table, St. John Ambulance Brigade, British Red Cross Society and other voluntary organisations all played an important part in helping in the success of those functions.

Craft classes for generally handicapped in thirteen areas were conducted by two part time occupational therapists and four craft teachers, while social welfare officers for blind held classes for blind and partially sighted persons in eight areas. Domiciliary instruction was also given. Crafts taught included stool seating, knitting, embroidery, weaving, jewelry, rug-making, lamp-shade making, mosaic work, cane work etc. Handicapped people were encouraged to find a market for the articles they made and were,

in fact, quite successful in their efforts. However, it has been customary to hold two or three exhibitions and sales each year which serve a dual purpose — as a means of disposing of some of the articles made and also to give the public an opportunity of seeing the variety of hand work handicapped persons can produce. Exhibitions were held at Merley Croft Home for Physically Handicapped, Morpeth and at the County Hall, Newcastle. The Department also had a display at an Ideal Homes Exhibition sponsored by the Joint Management Committee of the Workshops for the Adult Blind (now known as Palatine Products.)

The Coquetdale Club, Thropton, which the Northumberland Association of Youth Clubs have placed at the disposal of the Department for a holiday for handicapped for a number of years, is ideally suitable for handicapped persons. In June, a party of 38 men and women spent a beneficial holiday there. The party was in charge of a social welfare officer who was supported by seven voluntary workers. The handicapped people were encouraged to do as much as possible to help and despite the fact that many were in wheelchairs, they were able to help to wash dishes, sweep floors, make beds etc. In the majority of cases the charges were met by the County Council. Financial help was also given to handicapped persons who went on a holiday to Caister Bay organised by the West Northumberland Voluntary Committee, to a holiday for deaf-blind arranged by the North Regional Association for the Blind and to holidays arranged for blind persons in special holiday homes. Grants were also given towards the costs of privately arranged holidays.

The following summary indicates holiday arrangements or assistance towards holidays :—

At holiday homes for blind persons	9
Holidays for deaf-blind persons	5
Holiday to Thropton	38
Holiday to Caister Bay	22
Holidays to Merley Croft (home for physically handicapped)	70
Holiday to Nicholas Garrow Home (home for blind) ..	7
Holiday to Cheshire Home	1
Children's Holiday at Glanton (arranged by British Red Cross Society)	15
Privately arranged holidays	21
	<hr/>
	188

Services provided by other sections of the Department — home helps, chiropody treatment, nursing care — all helped in lightening the burdens of handicapped persons.

Blind and Partially Sighted

Ophthalmologists carried out 175 examinations and re-examinations under the Council's scheme to determine applicants' eligibility for registration.

Thirty men and fifty-eight women were newly registered as blind during the year, of whom nine men and nine women were under the age of 65, the remainder being in the 65—84 age groups.

A baby girl newly registered was diagnosed as having retrolental fibroplasia — the first case of blindness due to this condition reported in the County for a number of years. One other child was newly registered blind — a boy of 8 years old, previously registered as partially sighted, who suffered from congenital eye defects and whose mother suffered from German Measles during pregnancy.

Seventeen men and twenty-five women were newly registered as partially sighted, including one boy and one girl of school-age, both of whom suffered from congenital eye conditions. Nine men and seven women were under 65, and the remainder between the ages of 65 and 84 years.

The following table shows the causes of blindness and defective vision of persons registered during 1970 :—

	<i>Blind</i>	<i>Partially Sighted</i>
Senile cataract	5	—
Cataract and secondary conditions ..	27	13
Diabetic conditions	2	2
Glaucoma	4	1
Glaucoma and Secondary conditions ..	13	9
Senile macular degeneration	5	5
Senile macular degeneration and secondary conditions	9	1
Detached retina and other retinal conditions	7	5
Retinal Pigmentosa	1	—
Corneal scarring	2	—
Corneal ulcers		
Keratitis		
Optic Atrophy with other conditions ..	2	4
Myopia and secondary conditions	1	—
Choroidal degeneration (	6	2
Choroidal sclerosis		
Traumatic	2	—
Tobacco amblyopia	1	—
Cortical Ischaemia	1	—
	88	42

SOCIAL WELFARE

A summary of visits paid by the staff is shown in Table 21.

During the past few years it has become generally recognised that although teaching Braille, Moon and crafts continues to play an important part in the rehabilitation of blind persons, the blind welfare staff devote a large percentage of their time in advising upon personal and family problems and in assisting the newly registered to become adjusted to failing vision.

The designation “ home teacher of the blind ” has consequently changed to Welfare Officer for the Blind or Social Worker for the Blind in most parts of the country.

The officers maintained a close liaison with voluntary committees for the blind and co-operated in the arrangement of many of their activities.

In addition to outings arranged by local voluntary committees, joint-outings to Blagdon Hall, Seaton Burn, through the courtesy of Viscount and Viscountess Ridley and to the Northumberland College of Education, Ponteland were also arranged for the blind and their friends.

The Royal National Institute for the Blind continued to make bi-annual grants to the Northumberland county Blind Persons Trust Fund, a voluntary fund administered by the Department.

The National Library for the Blind and Tynemouth Library for the Blind provided Braille and Moon books, talking books were lent for a nominal rental by the British Talking Book Service for the Blind, radios were provided by the Wireless for the Blind Fund and apparatus such as writing frames, Braille watches and clocks, games etc., were obtained from the Royal National Institute for the Blind, while a few blind people in the County had guide dogs provided by the Guide Dogs for the Blind Association.

EMPLOYMENT AND REHABILITATION

The following table shows the employment position of blind persons at the end of the year.

Employed in Workshops for the Blind	..	..	19
Employed in open employment :			
Physiotherapists	..	..	2
Clergy	..	..	2
Lawyers	..	..	2
Placement Officer	..	..	1
Proprietors Managers	..	..	4
Typists	..	..	1
Telephone Operators	..	..	9
Executive	..	..	1
Street Vendor	..	..	1
Agent	..	..	1
Farm Worker	..	..	1
Fitters and Assemblers	..	..	7
Storekeepers	..	..	1
Labourers	..	..	5
Others	..	..	2
		—	40
			—
			59
			—

One man was undergoing training in assembly work at Letchworth. One youth attended an industrial rehabilitation centre.

Generally Handicapped

REGISTRATION

The age groups of the persons on 31st December and also those registered during the year were as follows :—

	<i>Persons on register 31st December, 1970</i>			<i>Persons newly registered during year.</i>		
	<i>Men</i>	<i>Women</i>	<i>Total</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Under 16 ..	28	19	47	13	5	18
16—29 ..	86	82	168	6	5	11
30—49 ..	201	179	380	27	22	49
50—64 ..	280	262	542	45	48	93
65 and over ..	136	160	296	24	28	52
	<hr/> 731	<hr/> 702	<hr/> 1433	<hr/> 115	<hr/> 108	<hr/> 223

It will be observed that 87% persons registered were over 30 years of age, with a marked predominance in the middle aged group 50 — 64. Hitherto it had not been the Department's policy to register elderly generally handicapped unless they required a specific service as it was considered that disabilities suffered by many of the aged — heart, chest, arthritic conditions, etc. — were connected with their advancing years and that they could perhaps be more suitably catered for by other sections of the Department. However, an increasing number of elderly handicapped have been referred for advice and for the provision of aids and adaptations with a resultant increase in the number of persons over 65 years of age being registered.

The principal cause of disabilities of persons newly registered were arthritic and rheumatic conditions (55) and hemiplegia or partial hemiplegia following strokes (51). Twenty three persons suffering from multiple sclerosis were newly registered.

A summary of disabilities is shown in Table 22.

SOCIAL WELFARE

Registered handicapped persons were visited by social welfare officers periodically according to individual needs.

In addition to helping with a variety of social and other problems, advice was given in connection with gadgets, aids and adaptations to houses.

In the case of property owned by local housing authorities, an approach was made to them to ascertain whether they would be prepared to carry out the recommended work and in the majority of cases the housing authorities agreed to do this and also to bear part of the cost. In the case of privately owned houses, the County Architect undertook to prepare plans obtain quotations and arrange for the work to be carried out.

The Council assisted with the cost or paid for adaptations and aids as follows :—

Provision of downstairs toilets	2
Provision of ramps, handrails, etc.	31
Provision of sites for garages	16
Provision of showers and baths.. .. .	8
Alterations to bedroom	1
Miscellaneous provisions.. .. .	20
Provision of bath aids, raised toilet seats, etc. ..	85

The social welfare officers encouraged handicapped persons to attend craft classes or to agree to undertake work at home, and where possible to take part in the social activities organised by voluntary committees. The staff endeavoured to attend the monthly evening club meetings and to introduce newly registered persons to voluntary committee members.

Three housebound handicapped persons were provided with wireless sets and another with a television set by the Wireless for the Bedridden Society. As it is understood that the Society's funds are not large applications are limited but it has sometimes been possible to obtain sets through other sources.

Two hundred and forty three car badges were issued by the Department during the year including 73 new issues and 170 renewals. It is not obligatory for persons issued with badges to register as handicapped but a separate register of persons holding badges is kept. It is possible that under new legislation responsibility for issuing badges will be transferred to another Department at a future date.

EMPLOYMENT

A close liaison between the Department's officers and the Disablement Resettlement Officers of the Department of Employment was maintained regarding the question of training, rehabilitation and employment.

Two members of the staff served on Disabled Persons Advisory Committees.

EPILEPTICS AND SPASTICS

Sixty one epileptic persons were registered as handicapped in December of which number twelve were maintained by the Council in epileptic colonies.

Where possible arrangements were made for those in colonies to spend a holiday with their relatives once or twice a year.

In December, 89 spastic persons were registered. Twenty attended Percy Hedley Day Centre at Forest Hall where contract work is carried out. The majority are in receipt of Social Security allowances but in addition they receive a nominal wage from the

centre for work undertaken. Seven lived in Chipchase Hostel attached to the Centre the others travelling to the Centre daily — either by special or public transport.

The Council make a grant to the Centre on a per capita basis.

DEAF AND HARD OF HEARING

Blind Welfare Officers in the north and west of the County continued to carry out social welfare services on behalf of the deaf, while the Northumberland and Durham Mission for the Deaf acted as the Council's agent in other parts of the County and were also available for specialist services throughout the County.

REGISTRATION

Age groups on 31st December were :—

			Men		Women		Total
<i>Deaf with Speech</i>							
Under 16	..	..	9	..	17	..	26
16—29	..	..	11	..	16	..	27
30—49	..	..	12	..	8	..	20
50—64	..	..	9	..	7	..	16
65 and over	..	..	2	..	8	..	10
			—		—		—
			43	..	56	..	99
			—		—		—
<i>Deaf without Speech</i>							
Under 16	..	..	5	..	1	..	6
16—29	..	..	16	..	18	..	34
30—49	..	..	23	..	21	..	44
50—64	..	..	12	..	15	..	27
65 and over	..	..	9	..	14	..	23
			—		—		—
			65	..	69	..	134
			—		—		—
<i>Hard of Hearing</i>							
Under 16	..	..	8	..	15	..	23
16—29	..	..	12	..	10	..	22
30—49	..	..	6	..	7	..	13
50—64	..	..	4	..	3	..	7
65 and over	..	..	5	..	7	..	12
			—		—		—
			35	..	42	..	77
			—		—		—

SOCIAL WELFARE

Details of visits paid by the Mission Staff are shown in Table 21

Northumberland elderly deaf took part in a holiday to Llandudno arranged by the Mission.

Clubs at Blyth and Newcastle were held and a sports club at Newcastle was also arranged.

Miscellaneous social welfare services were also carried out by the Mission staff.

EMPLOYMENT

Five men and three women were placed in employment during the year.

Special Homes

NICHOLAS GARROW HOME FOR BLIND, HEPSCOTT

The home continued to provide accommodation for 32 registered blind and partially-sighted persons. Arrangements were made for seven blind persons to have a holiday in the home during residents' absence on holiday.

Residents were encouraged to do knitting and other crafts; and they enjoyed taking part in the domino tournament which entailed a visit to the home by a club for the blind and a return visit to a club each month.

A garden party for residents and their friends was arranged during the summer, a marquee being hired for the occasion.

MERLEY CROFT, MORPETH

The home, which was opened in July 1963, continued to provide accommodation for 32 physically handicapped persons. Two or three beds were retained for temporary residents and the fact that it was always possible to fill these beds indicates the beneficial service which this arrangement provides. Temporary residents were also admitted while permanent residents were on holiday.

During the year seventy temporary admissions were arranged.

Craft classes were held on three mornings each week, but residents were free and encouraged to use the craft room at any time.

Physiotherapy and chiropody were also provided.

The residents took a keen interest in helping with the annual sale of work by issuing personal invitations to relatives and friends, selling raffle tickets etc.

HOSPITALS AND OTHER HOMES

Social Welfare Officers maintained a contact with blind and other handicapped persons in hospitals and local authority and voluntary homes.

A group therapy session for blind and partially sighted persons was commenced at St. George's Hospital, Morpeth, at the request of Miss M. Thorp, Hospital Social Worker, following discussions with the medical staff.

Conducted by a welfare officer for the blind the session was held once a fortnight when the patients had discussions, played games and listened to music. Arrangements were subsequently made for two of the more capable to attend a local club for the blind and join in activities of the other blind people.

The Council maintained handicapped people in voluntary homes as follows :—

Epileptic Children's Homes	..	..	..	..	12
Hostels for spastics	..	..	..	..	7
Cheshire Homes	..	..	..	..	8
Home for Deaf Blind	..	..	..	..	1
Home for Deaf	..	..	..	..	1
Homes for Blind	..	..	..	..	2
Other voluntary homes	..	..	..	..	3

ENVIRONMENTAL SERVICES

Housing

NEW HOUSES

The total number of houses built in the County during 1970 was 3,895, as compared with 5,150 the previous year. In viewing this reduction it must be borne in mind that both 1968 and 1969 produced record totals. The current figure is still well above the post-war average and the number of houses provided by private enterprise, viz, 2,054, was in fact higher than for any year since the war. The houses built by county district authorities were 1,559, 251 less than in 1969, but still higher than average. A comparison with the figures in the next paragraph, however, shows that council house building has again dropped back to the level at which it is doing not much more than keeping pace with houses put out of use. Only 262 houses were erected during the year by Newcastle Corporation within the administrative County — the lowest total for many years. Details will be found in Table 23.

SLUM CLEARANCE

Last year it was noted that 5,525 unfit houses were intended to be cleared within the ensuing 4 years. With one year gone, 1,316 houses have been discontinued, 1,188 of these by formal action under the Housing Acts (see Table 24). It is now estimated that 3,465 remain in the four-year programme and 10 county districts will have completed their clearance proposals by the end of 1973, leaving less than 1,300 properties to be dealt with by the remainder. It is known that there is some disquiet at the progress achieved so far in the industrial parts of the northern region, so it is pleasing to see that Northumberland at least does not appear to be falling behind its original estimate.

IMPROVEMENT GRANTS

These fall into two categories — discretionary grants for re-conditioning of properties sound in fabric but lacking modern amenities, and standard grants, available to owners as of right for the provision of certain basic services.

The first full year of operation of the 1969 Housing Act has shown a marked increase in activity under both headings, details of which will be found in Table 25. The hope that the new legislation would make discretionary grants more attractive to owners seems to have been borne out and the total for the year, namely 949, was the highest for 10 years. The maximum grant per house under the old legislation was £400 and the average given in Northumberland was around £300. This has now risen to £508 out of the new maximum of £1,000. It is interesting to note that the urban average is £412, but in rural areas it is £662. In addition

5 districts are availing themselves of exchequer assistance to bring their older council houses up to modern standards, a total of 371 houses being involved. Over 200 of these are in Seaton Valley Urban District where the local authority has embarked upon a large scale programme of modernisation of its estates.

The number of standard grants approved was 400, an increase of 100 over the preceding year. Two towns, Berwick and Wallsend, have declared general improvement areas, each of over 300 houses, the first so to be dealt with in the County.

WATER SUPPLIES

There was no change in the arrangements for water supply during the year. The County is served by two statutory undertakings whose areas of supply are as follows :—

NEWCASTLE AND GATESHEAD WATER COMPANY : The Boroughs of Berwick, Blyth and Wallsend ; the Urban Districts of Alnwick, Amble, Gosforth, Hexham, Longbenton, Newburn, Prudhoe and Seaton Valley ; the Rural Districts of Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Norham and Islandshires and Rothbury. (A small part of the extreme south of Hexham Rural District is, as a matter of convenience, included in the statutory area of the Durham County Water Board).

TYNEMOUTH CORPORATION : The Boroughs of Morpeth and Whitley Bay ; the Urban Districts of Ashington, Bedlingtonshire and Newbiggin ; the Rural District of Morpeth.

There are no major water supply schemes still to be carried out within the County. Only a few small isolated centres of population remain not served by statutory undertakers ; some of these are being dealt with by minor schemes now in progress but there will be a limit to how far this process may continue because of the high cost in relation to the number of properties served.

The bacteriological examination of water is undertaken by the Public Health Laboratory at the General Hospital, Newcastle upon Tyne. Copies of the reports on water samples taken by authorities in the administrative County were received in the department and unsatisfactory results were investigated. 862 samples were taken during the year from public and private supplies as compared with 696 in 1969. 726 were satisfactory and 136 (or 16% of the total) unsatisfactory ; the percentage unsatisfactory for the preceding year was 20%. Many of these samples were accounted for by special investigations into individual private sources.

FLUORIDATION

Two schemes are in force for the adjustment of the fluoride level in the water supply within the County by the Newcastle and Gateshead Water Company as statutory water undertakers. The first, started in 1968, is based on the Whittle Dene and Throckley sources of supply and covers the south eastern part of the water company's area, serving about 100,000 of the County population. The further north one proceeds from the Newcastle boundary the greater is the dilution of the fluoridated supply by that from the Coquet Water Board, so that a further 30,000 estimated persons will be receiving only partially fluoridated water for the time being.

The second and smaller scheme started in April, 1969, is based on the Gunnerton filter plant supplying the North Tyne Valley to the south west of the County and a small part of Cumberland. Here only an estimated 12,000 persons are receiving fluoridated water undiluted.

The next logical extension would be to treat the Coquet Water Board supply but this will not be possible unless and until Tynemouth Corporation, which is a constituent member of the Board, reverses its decision not to accept fluoridation. A change of policy on the part of Tynemouth, affecting as it would not only the joint scheme, but also the Corporation's own statutory undertaking, would immediately make available the benefit of fluoridation to a further 200,000 people.

A constant check is maintained on the fluoride level in the supplies by the Water Company and independent tests are also carried out within my own department, where 128 samples were examined by the Palin A—Z test. The results obtained showed that levels have been maintained within the 10% variation allowed by the Department of Health and no evidence of over-dosing has been found.

SEWERAGE AND SEWAGE DISPOSAL

The year has seen one or two notable advances in this field. Hexham R.D.C.'s two schemes for the Mid-Tyne area, one connecting to an enlarged disposal works at Prudhoe and the other to a new central works at Broomhaugh, made steady progress, and when completed will make a considerable improvement in the lower non-tidal part of the River Tyne.

The Tyneside Joint Sewerage Board's long awaited £30,000,000 scheme for the tidal estuary involving a treatment works at Howdon, the sludge to be disposed of by dumping at sea, was the subject of a Ministry Inquiry on the 17th March, necessitated by objections received to the proposals. The Ministry decision was still awaited at the end of the year.

Another large scheme to be welcomed was a £1,000,000 project by the Borough of Berwick upon Tweed to provide sewage treatment in place of numerous existing sea and estuarial outfalls. These proposals were investigated at a local inquiry on the 8th May.

RURAL WATER SUPPLIES AND SEWERAGE ACTS

1944 - 55

Schemes Submitted for Approval

The following schemes were considered by the Health Committee for grant aid under the Acts :—

Belford Rural District	Water main extensions in Belford Village	£2,800
	Regional water supply scheme Stage III ..	£37,963
Bellingham Rural District ..	Sewerage scheme for West Woodburn (south side)	£11,340
Haltwhistle Rural District	Sewerage and sewage disposal scheme for Gilsland village (joint with Border R.D.C. Cumberland)	£14,026
Norham and Islandshires Rural District	Water main extensions, Shoreswood and East Ancroft	£10,739

Work in Progress

The following are details of work in progress during the year with some indication of the stage reached by 31st December :—

<i>District</i>	<i>Scheme</i>	<i>Progress</i>
Bedlingtonshire Urban.	Main drainage scheme	Commenced
Prudhoe Urban ..	Sewage disposal works (joint with Hexham R.D.C.)	75% completed
Hexham Rural ..	Mid-Tyne sewerage scheme Phase I (Corbridge/Stocksfield) sewers ..	98% completed
	Sewage treatment works	90% completed
	Mid-Tyne sewerage scheme, Phase II, (Ovingham/Wylam)	30% completed
	Sewerage and sewage treatment scheme for Ropehaugh	10% completed
	Water supply scheme, Bingfield ..	10% completed

Schemes completed during the year

<i>District</i>	<i>Scheme</i>	<i>Month</i>
Blyth Borough ..	Sewers, Church Road/Newsham (Stage I of a comprehensive scheme)	September
Morpeth Borough	Extension to sewage treatment works ..	September
Seaton Valley Urban ..	Cramlington sewerage scheme, Stage I (sewers)	September
Castle Ward Rural ..	Sewerage and sewage treatment scheme for Matfen	September
Haltwhistle Rural ..	Extensions to sewage treatment works, Haltwhistle Town	December
Hexham Rural ..	Water main extensions East Land Ends, Haydon Bridge	September

CLEAN AIR ACTS 1956 — 1968

On paper, the position as to smoke control within the County during 1970 looks re-assuring. Details are shown in the accompanying table.

<i>County District</i>	<i>No. of Areas</i>	<i>Acreage Controlled</i>	<i>Properties Controlled</i>
Wallsend Borough ..	4	979	4,085
Whitley Bay Borough ..	6	1,850	5,660
Longbenton Urban (Killingworth New Town)	2	539	1,472
Newburn Urban	10	695	5,878
Seaton Valley Urban (Cramlington New Town)	1	1,960	2,457
	23	6,023	19,552

This represents an increase of about 3,000 smoke controlled properties over the previous year's figure. In addition five further areas have received Ministry confirmation and will in due course add over 6,000 houses to the total.

However, the shortage of smokeless fuel foreshadowed in last year's report resulted in a setback, which although not unexpected was none the less unwelcome. Four existing areas containing nearly 5,000 properties had to be temporarily suspended from the operation of smoke control, one area of over 3,000 houses which should have come into operation during the year had to be postponed until 1971, and it is known that at least one other authority which intended making submissions to the Ministry was forced to hold back for the time being. It will be most unfortunate if this loss of impetus in the drive for clean air is anything more than temporary : the North of England is already lagging behind other regions in this matter.

MILK AND DAIRIES

Milk (Special Designation) Regulations, 1963

Milk (Special Designation) (Amendment) Regulations, 1965

The Council as food and drugs authority has the duty of licensing and supervision of all dealers in designated milk and this work is carried out within the department, together with supervision of milk treatment plants, specified area enforcement, etc. Wallsend Borough and the Longbenton Urban District Council are separate authorities for this purpose.

The designations permitted under the regulations are "Untreated" "Pasteurised" "Sterilised" and "Ultra Heat Treated."

DEALERS' LICENCES

All Dealers' Licences expired on 31st December 1970 at the end of the 5-year period. Renewals were effected during the month of December as follows :—

Licence to bottle Untreated milk (Form B)	9
Pasteuriser's Licence (Form C)	5
Steriliser's Licence (Form D)	2
Dealer's Licence for Untreated, Pasteurised, Sterilised and Ultra Heat Treated milk	557
	<hr/>
	573
	<hr/>

The total number of licences is less than for the previous 5-year period due largely to cessation of trading by a number of little shops selling small quantities of milk and to the amalgamation of co-operative societies. The sale of Ultra Heat Treated milk continues to increase but very slowly.

Milk sampling and the inspection of dealers' premises are carried out by the County Health Inspector and during the year 512 visits were paid to dealers other than licensed processors as compared with 382 in the previous year, the increase being due to work incidental to renewal of licences. Only a few minor contraventions of the Regulations were noted and these were dealt with by informal action.

PRODUCERS' LICENCES

These continued to be the responsibility of the Ministry of Agriculture, Fisheries and Food through their County officers, to whom I am indebted for the figures quoted in this paragraph. The number of farms in the County registered for milk production at the end of the year was 523 compared with 570 for the previous year.

All herds are now attested and licences are only necessary for those 120 producers who dispose of milk by retail or as "farm-bottled."

MILK SAMPLING — STATUTORY

The total number of samples taken during the year was 1,387 as compared with 1,504 in 1969. It is pleasing to be able to report that no case occurred of a failure of the Phosphatase test of Pasteurised milk, indicating that the correct standard of heat treatment was being achieved.

The number of failures of the Methylene Blue keeping quality test in respect of Untreated milk, viz, 21, was less than 17% of the total, which was once again an improvement over the previous year's 18%. Nevertheless the figure is still higher than one would like to see, in spite of the greater difficulty of handling such milk in course of distribution. Where on investigation no fault could be found with dealers' methods of storage and handling the results were passed on to the Ministry of Agriculture's officers to be followed up at the point of production.

Failures of Pasteurised milk in keeping quality, on the other hand, reached only some 5% of the total samples taken and most of these failures occurred during the warm weather.

	Passed	Failed	Void	Total
Untreated Milk				
Methylene Blue Test	104	21	2	127
Pasteurised Milk				
Methylene Blue Test	558	33	12	603
Phosphatase Test	603	—	—	603
Sterilised Milk				
Turbidity Test	48	—	—	48
Ultra Heat Treated Milk				
Plate Count	6	—	—	6
	1,319	54	14	1,387

Milk Sampling — Biological — *Brucella Abortus*

The number of milk samples taken by District Councils' Health Departments for examination for *Brucella Abortus* was 234 from 80 different herds. The frequency of sampling was much lower than recommended by the former Ministry of Health Circular 17/66 and moreover the pattern of sampling over the County was very uneven. However since this figure appears now to be fairly consistent year by year it probably represents the maximum which can be achieved at present in a scattered county like Northumberland. In addition the County Health Inspector took 83 samples from the supplies of 49 dealers.

20 samples were reported as giving a positive or doubtful reaction to the Milk Ring Test but 13 of these were not confirmed by culture. (This compares with 29 positive, 19 unconfirmed the previous year). Of the 7 found to be infected, 5 were the subject of notice by the local Medical Officer of Health for compulsory heat treatment of the supply until proved clear and the other

two cases were similarly dealt with but informally. Two of the producers concerned, both in a substantial way of business, gave up farm-bottling altogether. The remainder were able by the removal of one or more cows from the herd to clear up the infection. It is however, a matter for concern when looking at the past few years' records to find that some of the herds which have been the subject of previous action are appearing again and again in subsequent years. At the moment there is no answer to this, only constant vigilance and continuous sampling.

Eradication of brucellosis is still a long way off and in spite of the introduction at last, during 1970, of a financial incentive by the Ministry of Agriculture, only 91 producers were at the end of the year recorded as having brucella-free herds. This was an increase of only 37 over the 1969 figure of " Accredited " herds under the previous scheme and no more than 17% of all farms producing milk. Of the 91, 24 were holders of " Untreated " milk licences and, therefore, selling some proportion of their milk for consumption unpasteurised.

TUBERCULOSIS

Biological testing for tuberculosis is not now carried out as a routine in the County except for school milk supplies, hospital farms and very occasional samples from other producer-retailers. During the year 22 samples were tested, all being negative. No case of tuberculous milk has occurred in the County for over twelve years.

PASTEURISING PLANTS

For the first time in 16 years there is a change to report in the number of pasteurisers' licences. Following a large scale amalgamation of Co-operative Societies in the north, one processing plant ceased to operate in June, the supply therefrom being maintained by milk brought in from another establishment outside the administrative County. It is not improbable that this policy of concentration will be further continued. The number of plants in operation at the end of the year was 5 with daily throughputs varying from 1,300 to 14,000 gallons. All the plants were of modern design operating on the H.T.S.T. system, the total quantity of milk treated being about 25,000 gallons per day.

Pasteurised homogenised milk is processed at two of the dairies, one of which also pasteurises a limited quantity of Channel Islands milk.

The dairies concerned were regularly inspected by the County Health Inspector, 140 visits being made for the purpose and 184 samples of milk being taken at the plants. All of these satisfied the Phosphatase test for efficiency of heat treatment. 3 Methylene Blue samples were void because of high atmospheric temperature.

The processing plants were maintained in good condition and only minor matters required to be brought to the notice of dairy management. Earlier in the year one of the larger firms installed a new automatic high-speed bottling line. Unfortunately much trouble was experienced with this machinery and some forbearance had to be exercised during what was a very difficult period for the management. Not until the end of the year did the engineers succeed in obtaining the desired performance from the plant.

Because of the inability of the local Public Health Laboratory to accept washed bottles for examination, no tests for efficiency of bottle washing plants were possible during the year.

The usual occasional complaints of milk delivered in dirty bottles were received and investigated and as a result 2 firms were prosecuted, one for an imperfectly cleansed bottle and the other for broken glass in milk : a fine of £25 was imposed in each case.

STERILISING PLANTS

Two plants were in operation for milk sterilising, one consisting of the conventional oven batch treatment, the other being an ultra-high temperature plant working in conjunction with a continuous in-bottle steriliser.

51 visits were paid to the dairies during the year and 49 samples taken direct from the plants all satisfied the turbidity test.

SPECIFIED AREA

The Council as food and drugs authority are responsible for enforcement of the specified area scheme, which forbids the sale of milk otherwise than under one of the special designations, i.e. "Untreated", "Pasteurised", "Sterilised" or "Ultra Heat Treated". At no time have any serious contraventions occurred.

Exception is made as a last resort for the issue by the Ministry of a "consent" to a retailer to dispense with the requirements of the Order where there is no possibility either of the immediate grant of a producer-retailer licence or of an alternative supply of milk, and at the end of the year 2 such "consents" were in operation. The amount of milk represented by these was very small.

Milk in Schools Scheme

With the school milk contracts still having a year to run, there was no major change in the supply arrangements during the year. It was, however, found possible to substitute Pasteurised milk for Untreated in four more rural schools bringing the number of schools receiving raw milk to the new low level of 18 or only 6% out of the total of 293. As a matter of interest, this proportion in 1950 was 46% and in 1960 was 11%. Because of the isolated situation of these schools a further reduction in the use of Un-

treated milk will probably only come as a consequence of closure of some of them. It is very difficult to obtain supplies in certain areas — one establishment is without milk at all and has to rely on re-constituted full cream dried milk. All sources of supply were subject to prior approval by the department and regular samples from all sources were taken for examination. The following table shows the results obtained during 1970 :—

	Passed	Failed	Void	Total
<i>Untreated Milk</i>				
Methylene Blue Test ..	25	4	—	29
<i>Pasteurised Milk</i>				
Methylene Blue Test ..	125	21	—	146
Phosphatase Test ..	146	—	—	146

The number of keeping-quality failures is higher than in 1969 but only slightly above average, which can be attributed to the warmer summer. Particular attention was paid to schools receiving raw milk, of which there are 10 separate sources of supply and here routine tests for both Tuberculosis and Brucellosis were also carried out.

A sample survey showed that 91.3% of pupils present on the day chosen were availing themselves of the service.

ICE CREAM

Ice Cream (Heat Treatment etc.) Regulations, 1959

District Councils submitted 426 samples to the Public Health Laboratory during the year for Methylene Blue testing as compared with 401 the preceding year. The results continued to be satisfactory.

349 samples, or 82% of the total were classified as Grade I, and 35, or 8% as Grade II. The recognised standard suggests that taken over a period, 50% should reach Grade I and 80% Grades I and II combined. Only 20 samples representing 5% of the total were reported as Grade IV or unsatisfactory. Ice lollies can be subjected to a similar test to that for drinking water and of 15 so examined 11 showed a satisfactory state of sterility. 10 districts submitted no samples during the year.

LIQUID EGG

Liquid Egg Pasteurisation Regulations, 1963

There are no treatment plants in operation within the administrative County. 8 samples of treated liquid or frozen egg were taken during the year, of which 3 failed to comply.

SCHOOL SWIMMING POOLS

The Education Committee maintain 8 learner swimming pools at schools in the County. All are equipped with full water treatment plant, comprising diatomaceous earth filters and automatic dosing apparatus using liquid hypochlorite for sterilisation. Each pool is under the care of a full-time swimming instructor who is also responsible for the plant operation. Routine supervision continued to be carried out by the County Health Inspector, who during the year made 82 inspections checking the free residual chlorine and pH of the water and examining the pool log books. Instructors are advised to maintain break-point chlorine conditions. 20 samples of water were taken for bacterial examination and all reached the "highly satisfactory" standard for swimming pool water. Samples were only taken when conditions suggested the need for further investigation. If a satisfactory high residual chlorine is evident, there should be no significant bacterial activity in the water. The small open-air fill-and-empty pool at Bellingham Camp Secondary School continued to be satisfactorily maintained when in use during the summer months.

FOOD AND DRUGS ACT, 1955

(Mr. C. L. ARLIDGE)

During the year ended 31st December, 1970, the County Sampling Officers procured a total of 2,783 samples of articles of food and submitted them to examination for compliance with the Food and Drugs Act, 1955, the Preservative Regulations and the Labelling of Food Order, 1953.

The articles may be summarised as follows :—

<i>Article</i>	<i>No. Taken</i>
Beer, Wine and Spirits	36
Butter, Margarine, Lard, Cooking Fats, Cheese (including Processed Cheese)	100
Drugs, Medicines and Household Medicaments.. .. .	43
Fresh Fruit, Fresh Vegetables, Dried Fruit, Tinned Fruit and Vegetables	89
Ice Cream	24
Jams, Preserves, Honey and Jellies	73
Milk and Cream	1,632
Pickles, Sauces, Vinegar and Condiments	82
Sugar, Sugar Confectionery, Flour Confectionery, Chocolate, Chocolate Confectionery and Cereals	153
Tea, Coffee, Cocoa, Beverages, Minerals and Cordials	126
Tinned Meats, Meat, Meat Products (including Sausages), Fish, Fish Products, Fish and Meat Pastes	263
Miscellaneous	162
TOTAL	2,783

Samples Reported by the Public Analyst to be unsatisfactory

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Mince Pies .. .. .	.. The filler content compared very unfavourably with the pictorial representation on the outside of the cardboard carton.	The manufacturers have agreed to design a new container for next Christmas.
Jam Sponge .. .. .	.. The illustration on the container depicted a sponge coated with sugar. Actual article not sugared.	Manufacturers are now coating all sponges with sugar.
Milk Crisp Bread .. .. .	.. Butterfat content negligible	Description to be amended so as to include the words "Made with Dried Skimmed Milk."
Mixed Spice .. .. .	.. Contained 150 p.p.m. of Zinc.	Enquiries inconclusive. Product withdrawn from sale.
Cheese Spread .. .. .	.. One segment contaminated with mould.	Remainder of stock destroyed.
Stilton Cheese .. .. .	.. Contained 5.2% extraneous water.	Firm gave an undertaking to improve control during manufacture.

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Low Calorie Sugar	Consisted of 97.5% Sugar and 2.5% artificial sweetener.	Description to be amended to "Sugar with low calorie artificial sweetener."
Fluffy Mashed Potato	Incorrectly described.	Firm gave an undertaking to amend designation to Instant Fluffy Mashed Potato
Real Fruit Low Fat Yogurt	The fruit content compared unfavourably with illustration shown in T.V. advertisement.	T.V. advertisement discontinued.
Bitter Lemon Concentrate	Contained Cyclamic Acid	Remainder of stock destroyed.
Jaffa Orange Drink	Contained Cyclamic Acid	Remainder of stock destroyed.
Low Calorie Bitter Lemonade Concentrate.	Contained Cyclamic Acid	Imported from Denmark in 1967. Remainder destroyed.
Low Calorie Sugar Cubes	Contained Cyclamates.	Purchased before Cyclamates were banned. Remainder destroyed.
Powdered Seasoning	Contained undeclared ingredient.	Label to be amended.
Apple & Raisin Yogurt	Contained sultanas instead of raisins.	Sultanas used without the authority of executive staff. Raisins to be used in future.
Meat Pie	Consumer complaint — the pie contained a hair grip.	The Analyst could not say whether the hair grip had been present during the baking process.
Gin Flavoured Lemon Drink	0.57% of Gin is insufficient to give a flavour to the product	Manufacturers have withdrawn the product from sale.
Bismuthated Magnesia Powder	Quantitative declaration of ingredients incorrect.	Unsold stocks recalled by Manufacturers.
Beef Sausages	Contained an undeclared preservative.	Vendor warned to exhibit preservative notice.
Raisin Bran Breakfast Cereal	A considerable variation was found to exist in the number of raisins present in different packets. Some contained less than that depicted in the illustration on the packet whilst others contained many more.	Complaint made regarding wide variation in raisin content. Stricter control to be exercised.
Culinary Cochineal	Consisted of artificial dye.	Producers now in liquidation.
Beef Casserole with Vegetables and Gravy	32.3% deficient meat.	Label to be amended.
Pork Sausages	Contained no preservative although a declaration of preservative was made.	Vendor warned not to exhibit preservative notice when preservative has not been used.

Prosecutions

Messrs. James Scott & Son, the proprietors of the Kenya Cafe in Berwick, were charged with selling food not of the substance demanded. Following a test purchase, it was found that the ' Butter ' supplied for Bread and Butter was 100% Margarine. A fine of £10. 0. 0 with £4 14. 0. costs was imposed.

The Co-operative Wholesale Society of Manchester pleaded guilty to selling Black Cherry Pie Filling which was not of the substance demanded. Following a consumer complaint, tins labelled " Black Cherry " were purchased and submitted to the Public Analyst who reported that the tins contained a mixture of apples and blackberries. The Society were fined £20. 0. 0. and ordered to pay £9. 8. 0. costs.

Messrs. Robson & Sons, Pork Butchers in Meal Market, Hexham, pleaded guilty to selling pork sausages which contained preservative in excess of the permitted amount. A fine of £10. 0. 0. was imposed.

The two samples of Sausages adversely reported on by the Public Analyst illustrate that producers of sausages have a duty to ensure that their products are in accord with the Preservative Regulations. These Regulations permit the addition of a small quantity of preservative provided that notice of the inclusion of such preservative is given to the customer. The purpose of the regulation is to warn prospective customers that the food is a preserved article and not a fresh commodity. On the other hand, it is equally important that the purchaser of an article stated to contain preservative should not be misled into believing that the article will keep for several days when in fact the absence of the preservative will reduce the period in which it is fit for human consumption.

*TABLES
OF
STATISTICS
1970*

TABLE 1

ADMINISTRATIVE COUNTY OF NORTHUMBERLAND
POPULATION YEAR 1970

BOROUGHES :

Berwick	11,440
Blyth	35,320
Morpeth	14,700
Wallsend	46,940
Whitley Bay	37,910
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	146,310

URBAN DISTRICTS :

Alnwick	7,900
Amble	4,930
Ashington	25,390
Bedlingtonshire	29,870
Gosforth	27,220
Hexham	9,860
Longbenton	50,160
Newbiggin-by-the-Sea	10,460
Newburn	38,720
Prudhoe	11,060
Seaton Valley	31,750
	<hr/>
	247,320

RURAL DISTRICTS :

Alnwick	12,050
Belford	5,240
Bellingham	5,000
Castle Ward	37,190
Glendale	6,330
Haltwhistle	6,780
Hexham	20,890
Morpeth	16,590
Norham and Islandshires	3,760
Rothbury	5,140
	<hr/>
	118,970
	<hr/>
TOTALS	512,600
	<hr/>

TABLE 2

POPULATION—DISTRIBUTION FOR PURPOSES OF
AREA ADMINISTRATION

AREA			POPULATION
North No. 1	..	..	26,770
North No. 2	..	..	30,020
Central	..	..	67,140
East..	..	..	65,190
South	..	..	117,390
South-East..	..	..	119,820
West	..	..	39,330
Wallsend	..	..	46,940
TOTAL			512,600

TABLE 3.

VITAL AND MORTALITY STATISTICS.

YEAR.	Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 live births.	Death Rate from Respiratory Tuberculosis per 1,000 living.	Death Rate from Cancer (excluding Leukaemia Aleukaemia) per 1,000 living.
1941	15.07	12.84	74.00	0.51	1.61
1942	16.39	11.59	54.00	0.39	1.59
1943	17.61	12.50	56.00	0.51	1.72
1944	19.87	12.16	48.00	0.50	1.86
1945	17.58	12.24	50.00	0.47	1.84
1946	19.74	11.98	48.00	0.49	1.73
1947	20.66	12.14	43.00	0.44	1.77
1948	18.04	11.13	40.00	0.43	1.74
1949	17.52	11.92	36.00	0.37	1.82
1950	16.69	12.24	36.60	0.28	1.75
1951	16.46	12.58	32.49	0.24	1.82
1952	16.08	11.25	29.37	0.17	1.92
1953	16.90	11.78	28.46	0.16	1.89
1954	16.26	12.23	27.03	0.15	1.95
1955	16.34	12.06	26.75	0.15	1.92
1956	16.51	11.87	25.80	0.11	1.90
1957	16.68	11.49	23.51	0.06	1.87
1958	17.08	12.05	24.03	0.06	2.03
1959	17.23	11.56	23.58	0.04	1.90
1960	16.66	11.80	20.28	0.05	1.95
1961	16.75	11.97	19.75	0.06	1.93
1962	17.20	12.23	23.28	0.05	2.08
1963	17.13	12.52	20.79	0.05	1.99
1964	16.80	11.76	20.11	0.03	2.10
1965	16.13	12.38	16.05	0.03	2.15
1966	15.08	12.29	20.10	0.02	2.14
1967	14.76	11.63	17.61	0.02	1.99
1968	14.21	12.70	16.46	0.01	2.35
1969	13.81	12.40	15.61	0.03	2.34
1970	13.98	12.54	16.05	0.03	2.31

TABLE 4
GENERAL STATISTICS

	NUMBERS			RATES		
	Boro's and Urban Districts.	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
Population	393,630	118,970	512,600	—	—	—
Births (Live) .. .	5,778	1,388	7,166	14.68	11.67	13.98
Legitimate .. .	5,437	1,320	6,757	13.81	11.10	13.18
Illegitimate .. .	341	68	409	0.87	0.57	0.80
				(per 1,000 population)		
Births (Still) .. .	73	20	93	12.48	14.20	12.81
Legitimate .. .	67	20	87	12.17	14.93	12.71
Illegitimate .. .	6	—	6	17.29	—	14.46
				(per 1,000 Registered Births)		
Births (Live and Still) ..	5,851	1,408	7,259	14.86	11.83	14.16
Legitimate .. .	5,504	1,340	6,844	13.98	11.26	13.35
Illegitimate .. .	347	68	415	0.88	0.57	0.81
				(per 1,000 population)		
Deaths (Total) .. .	4,776	1,657	6,430	12.13	13.93	12.54
				(per 1,000 population)		
Deaths of Infants under 1 year of age .. .	95	20	115	16.44	14.41	16.05
Legitimate .. .	88	18	106	16.19	13.64	15.69
Illegitimate .. .	7	2	9	20.53	29.41	22.00
				(per 1,000 live births)		
Deaths of Infants under 4 weeks of age .. .	64	14	78	11.08	10.09	10.88
Legitimate .. .	58	13	71	10.67	9.85	10.51
Illegitimate .. .	6	1	7	17.60	14.71	17.11
				(per 1,000 Live Births)		
Deaths of Infants under 1 week of age .. .	47	14	61	8.13	10.09	8.51
Legitimate .. .	42	13	55	7.72	9.85	8.14
Illegitimate .. .	5	1	6	14.66	14.71	14.67
				(per 1,000 Live Births)		
Maternal Deaths .. .	—	—	—	—	—	—
				(per 1,000 Births Live and Still)		

Comparability Factors	Births	Deaths
(Administrative County)	1.01	1.03
Rates per 1,000 Population after adjustment	14.12	12.93

TABLE 5

BIRTHS (LIVE AND STILL)

COUNTY DISTRICTS.	LIVE.					STILL.					Total Births— Live and Still.
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs :											
Berwick	112	117	4	7	240	2	3	—	—	5	245
Blyth	240	238	20	23	521	3	4	—	—	7	528
Morpeth	76	78	3	3	160	3	3	—	—	6	166
Wallsend	365	354	31	35	785	2	2	1	—	5	790
Whitley Bay	220	205	12	11	448	5	1	—	—	6	454
Urban Districts :											
Alnwick	46	33	4	4	87	—	1	—	—	1	88
Amble	44	33	1	2	80	—	1	—	—	1	81
Ashington	220	221	16	6	463	—	5	—	1	6	469
Bedlingtonshire	174	182	12	12	380	2	3	1	—	6	386
Gosforth	162	165	5	15	347	1	2	—	1	4	351
Hexham	73	61	3	4	141	—	2	—	—	2	143
Longbenton	265	287	26	15	593	3	3	—	1	7	600
Newbiggin-by-the-Sea	81	64	3	5	153	2	—	—	—	2	155
Newburn	317	275	18	17	627	2	1	—	—	3	630
Prudhoe	64	62	2	2	130	2	1	—	—	3	133
Seaton Valley	339	264	11	9	623	5	3	—	1	9	632
Rural Districts :											
Alnwick	73	79	4	9	165	—	—	—	—	—	165
Belford	30	23	2	1	56	2	—	—	—	2	58
Bellingham	38	24	6	3	71	—	—	—	—	—	71
Castle Ward	166	161	12	10	349	4	3	—	—	7	356
Glendale	24	39	2	1	66	1	—	—	—	1	67
Haltwhistle	36	41	1	—	78	—	1	—	—	1	79
Hexham	146	136	1	4	287	1	1	—	—	2	289
Morpeth	100	100	4	6	210	4	1	—	—	5	215
Norham and Islandshires	19	22	—	—	41	—	—	—	—	—	41
Rothbury	27	36	—	2	65	1	1	—	—	2	67
TOTALS	3457	3300	203	206	7166	45	42	2	4	93	7259

TABLE 6

INFANT DEATHS

COUNTY DISTRICTS.	Live Births	FIRST YEAR		FIRST MONTH		FIRST WEEK	
		Infant Deaths under 1 year	Infant Mortal- ity Rate per 1000 live Births	Infant Deaths under 4 weeks of age	Death Rate per 1000 live Births	Infant Deaths under 1 week of age	Death Rate per 1000 live Births
<i>Boroughs :</i>							
Berwick ..	240	4	16.67	3	12.50	2	8.33
Blyth ..	521	6	11.52	4	7.68	3	5.76
Morpeth ..	160	1	6.25	—	—	—	—
Wallsend ..	785	15	19.11	11	14.01	7	8.92
Whitley Bay ..	448	9	20.09	6	13.39	6	13.39
<i>Urban Districts :</i>							
Alnwick ..	87	1	11.49	1	11.49	1	11.49
Amble ..	80	2	25.00	1	12.50	—	—
Ashington ..	463	15	32.40	10	21.60	5	10.80
Bedlingtonshire	380	5	13.16	2	5.26	1	2.63
Gosforth ..	347	3	8.65	3	8.65	3	8.65
Hexham ..	141	2	14.18	1	7.09	1	7.09
Longbenton ..	593	12	20.24	9	15.18	8	13.49
Newbiggin-by- the-Sea ..	153	—	—	—	—	—	—
Newburn ..	627	8	12.76	3	4.78	2	3.19
Prudhoe ..	130	1	7.69	1	7.69	—	—
Seaton Valley ..	623	11	17.66	9	14.45	8	12.84
<i>Rural Districts :</i>							
Alnwick ..	165	—	—	—	—	—	—
Belford ..	56	1	17.86	1	17.86	1	17.86
Bellingham ..	71	1	14.08	1	14.08	1	14.08
Castle Ward ..	349	5	14.33	4	11.46	4	11.46
Glendale ..	66	1	15.15	—	—	—	—
Haltwhistle ..	78	1	12.82	—	—	—	—
Hexham ..	287	5	17.42	4	13.94	4	13.94
Morpeth ..	210	4	19.05	2	9.52	2	9.52
Norham and Islandshires	41	2	48.78	2	48.78	2	48.78
Rothbury ..	65	—	—	—	—	—	—
TOTALS ..	7166	115	16.05	78	10.88	61	8.51

TABLE 7

CLASSIFICATION OF DEATHS (YEAR 1970) ACCORDING TO DISEASE

	BOROUGH AND URBAN DISTRICTS			RURAL DISTRICTS			TOTAL COUNTY		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Enteritis and other Diarrhoeal Disease	2	2	4	1	—	1	3	2	5
Tuberculosis of Respiratory System	8	3	11	2	—	2	10	3	13
Late effects of Respiratory T.B.	2	1	3	—	—	—	2	1	3
Meningococcal Infection	1	1	2	—	1	1	1	2	3
Syphilis and its Sequelae	1	1	2	1	—	1	2	1	3
Other Infective and Parasitic Diseases	—	3	3	1	1	2	1	4	5
Malignant Neoplasm—									
Buccal Cavity etc.	11	8	19	6	3	9	17	11	28
Oesophagus	18	10	28	6	—	6	24	10	34
Stomach	60	47	107	17	14	31	77	61	138
Intestine	62	80	142	16	20	36	78	100	178
Larynx	6	—	6	2	—	2	8	—	8
Lung, Bronchus	200	31	231	46	7	53	246	38	284
Breast	—	72	72	1	23	24	1	95	96
Uterus	—	31	31	—	14	14	—	45	45
Prostate	32	—	32	16	—	16	48	—	48
Leukaemia	13	8	21	8	4	12	21	12	33
Other Malignant Neoplasms etc.	119	123	242	33	35	68	152	158	310
Benign and Unspecified Neoplasms	5	3	8	1	4	5	6	7	13
Diabetes Mellitus	16	24	40	3	5	8	19	29	48
Other Endocrine etc. Diseases	5	6	11	4	3	7	9	9	18
Anaemias	1	7	8	1	4	5	2	11	13
Other Diseases of Blood, etc.	2	—	2	—	—	—	2	—	2
Mental Disorders	5	13	18	3	8	11	8	21	29
Meningitis	1	1	2	—	—	—	1	1	2
Multiple Sclerosis	3	4	7	—	4	4	3	8	11
Other Diseases of Nervous System, etc.	18	12	30	11	7	18	29	19	48
Chronic Rheumatic Heart Disease	30	33	63	5	6	11	35	39	74
Hypertensive Disease	24	43	67	11	11	22	35	54	89
Ischaemic Heart Disease	738	573	1311	250	195	445	988	768	1756
Other Forms of Heart Disease	83	116	199	31	42	73	114	158	272
Cerebrovascular Disease	263	426	689	155	180	335	418	606	1024
Other Diseases of Circulatory System	68	126	194	32	35	67	100	161	261

Table 7.—Classification of Deaths Continued.

	BOROUGH AND URBAN DISTRICTS			RURAL DISTRICTS			TOTAL COUNTY		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Influenza	30	37	67	6	7	13	36	44	80
Pneumonia	132	162	294	40	57	97	172	219	391
Bronchitis and Emphysema ..	213	69	282	56	16	72	269	85	354
Asthma	1	9	10	3	2	5	4	11	15
Other Diseases of Respiratory System	17	22	39	9	10	19	26	32	58
Peptic Ulcer	18	15	33	3	3	6	21	18	39
Appendicitis	—	1	1	1	—	1	1	1	2
Intestinal Obstruction and Hernia	11	5	16	2	1	3	13	6	19
Cirrhosis of Liver	7	6	13	3	1	4	10	7	17
Other Diseases of Digestive System	18	20	36	4	12	16	20	32	52
Nephritis and Nephrosis	13	13	26	3	3	6	16	16	32
Hyperplasia of Prostate	10	—	10	4	—	4	14	—	14
Other Diseases, Genito- Urinary System	14	15	29	7	7	14	21	22	43
Diseases of Skin, Subcutane- ous Tissue	—	1	1	—	2	2	—	3	3
Diseases of Musculo-Skeletal System	8	11	19	2	4	6	10	15	25
Congenital Anomalies	20	13	33	4	8	12	24	21	45
Birth Injury, Difficult Labour, etc.	21	7	28	2	4	6	23	11	34
Other Causes of Perinatal Mortality	6	9	15	4	—	4	10	9	19
Symptoms and Ill-defined Conditions	4	16	20	1	4	5	5	20	25
Motor Vehicle Accidents	23	15	38	17	6	23	40	21	61
All other Accidents	52	66	118	15	25	40	67	91	158
Suicide and Self-Inflicted Injuries	14	10	24	4	2	6	18	12	30
All other External Causes	12	5	17	2	1	3	14	6	20
TOTALS	2439	2335	4774	855	801	1656	3294	3136	6430

TABLE 8

DEATH RATES AND DEATHS FROM CANCER
(excluding Leukaemia and Aleukaemia)

YEARS 1940 to 1970

Year	Population	Number of Deaths	Rate per 1,000 Population
1940	411,400	648	1.58
1941	407,120	656	1.61
1942	398,300	635	1.59
1943	397,740	686	1.72
1944	390,320	725	1.86
1945	392,510	725	1.84
1946	412,080	712	1.73
1947	417,510	740	1.77
1948	431,850	750	1.74
1949	436,370	796	1.82
1950	438,310	768	1.75
1951	437,600	797	1.82
1952	438,300	843	1.92
1953	440,600	836	1.89
1954	445,900	871	1.95
1955	453,000	870	1.92
1956	459,800	874	1.90
1957	463,900	866	1.87
1958	470,300	954	2.03
1959	475,000	904	1.90
1960	482,480	944	1.95
1961	480,530	929	1.93
1962	487,170	1014	2.08
1963	491,200	977	1.99
1964	494,440	1039	2.10
1965	498,430	1072	2.15
1966	501,380	1073	2.14
1967	504,200	1004	1.99
1968	504,690	1185	2.35
1969	510,300	1192	2.34
1970	512,600	1182	2.31

TABLE 9
TUBERCULOSIS
STATISTICS—YEARS 1941 to 1970.

YEAR	NOTIFICATIONS			DEATHS			DEATH RATE PER 1,000 POPULATION		
	Respiratory	Other Forms	All Forms	Respiratory	Other Forms	All Forms	Respiratory	Other Forms	All Forms
1941	346	116	462	208	51	259	0.51	0.13	0.63
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28
1952	519	91	610	77	15	92	0.17	0.04	0.21
1953	480	111	591	71	12	83	0.16	0.03	0.19
1954	556	101	657	66	7	73	0.15	0.01	0.16
1955	564	79	643	67	8	75	0.15	0.02	0.17
1956	399	68	467	50	5	55	0.11	0.01	0.12
1957	356	69	425	26	7	33	0.06	0.01	0.07
1958	340	57	397	28	4	32	0.06	0.01	0.07
1959	309	35	344	20	4	24	0.04	0.01	0.05
1960	330	37	367	25	1	26	0.05	0.002	0.05
1961	284	49	333	27	4	31	0.06	0.008	0.06
1962	246	34	280	23	3	26	0.05	0.006	0.06
1963	224	36	260	24	5	29	0.05	0.01	0.06
1964	181	21	202	16	3	19	0.03	0.006	0.04
1965	181	28	209	17	1	18	0.03	0.002	0.04
1966	131	20	131	13	2	15	0.02	0.001	0.03
1967	105	16	121	13	1	14	0.02	0.002	0.03
1968	84	24	108	6	5	11	0.01	0.01	0.02
1969	67	9	76	14	2	16	0.03	0.004	0.03
1970	88	15	103	16	—	16	0.03	—	0.03

TABLE 10
NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS
DURING THE YEAR 1970.

AGE PERIODS				* NEW CASES						DEATHS					
				Respiratory			Non-Respiratory			Respiratory			Non-Respiratory		
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
1—	..	..	..	—	1	1	—	—	—	—	—	—	—	—	—
5—	..	..	..	1	—	1	—	—	—	—	—	—	—	—	—
15—	..	..	..	19	13	32	4	4	8	—	1	1	—	—	—
45—	..	..	..	27	10	37	2	2	4	4	2	6	—	—	—
65 and upwards..	..	..	..	15	2	17	—	3	3	8	1	9	—	—	—
TOTALS	..	..	..	62	26	88	6	9	15	12	4	16	—	—	—

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 11.

CHIROPODY

SERVICE	Number of Patients Treated	NUMBER OF TREATMENTS										TOTAL
		DOMICILIARY						CLINICS				
		Expec- tant Moth- ers	Elderly		Handi- capped		Expec- tant Moth- ers	Elderly		Handi- capped		
			M	F	M	F		M	F	M	F	
County Chiropodists	6497	1	3400	9887	339	604	1	2272	7809	11	19	24343
County Welfare Homes	830	—	—	—	—	—	—	—	—	—	—	4046
Voluntary Services	3701	—	734	2878	—	—	—	2134	8616	—	—	14412
Totals : 1970	11028	1	4184	12765	339	604	1	4406	16425	11	19	42801
Totals : 1969	9173	2	3403	11226	289	479	5	4279	15787	5	16	37640

TABLE 12
Attendances at Ante-Natal Relaxation Clinics

CLINIC	ATTENDANCES		No. of Half-day Sessions
	First Visits	Re-Visits	
§ Alnwick	47	171	46
§ Ashington	73	437	41
§ Guide Post	25	192	48
§ Bedlington	25	123	29
§ Blyth	103	421	37
§ Chapel House	33	194	37
§ Cramlington	81	408	49
§ *Fordley	9	25	12
§ Forest Hall	34	188	45
† Gosforth	45	261	42
† Haltwhistle	31	131	25
§ Hexham	79	285	45
§ Longbenton	36	174	44
† Lynemouth	14	59	34
§ Monkseaton	58	297	44
§ Morpeth	75	427	51
§ Newbiggin-by-the-Sea	28	133	37
§ Newbiggin Hall	39	213	44
§ Ponteland	69	370	45
† † Prudhoe (West Wylam)	25	136	42
§ Seaton Delaval	34	145	40
† South Broomhill	16	46	20
§ Shiremoor	45	177	44
§ Throckley	37	157	44
§ Tweedmouth	56	289	52
† Wallsend	126	423	39
† Widdrington	20	65	33
† Willington Quay	49	202	43
§ Whitley Bay	45	294	43
§ Woodlands Park	36	178	46
TOTAL	1,393	6,621	1,201

‡ This clinic is held by Midwives

† These clinics are held by Health Visitors

§ These clinics are held by Physiotherapists

* Commenced September, 1970

TABLE 13.

Dental Services for Expectant and Nursing Mothers and Children under 5 years

PART A.—ATTENDANCES AND TREATMENT :

Number of Visits for Treatment During Year :

	Children 0—4 (incl.)	Expectant and Nursing Mothers
First Visit	1,474	338
Subsequent Visits	1,681	988
TOTAL VISITS	3,155	1,326
Number of Additional Courses of Treatment other than the First Course commen- ced during the year ..	179	34
Treatment provided during the year —		
Number of Fillings	1,932	804
Teeth Filled	1,784	688
Teeth Extracted	1,549	542
General Anaesthetics given ..	453	43
Emergency Visits by Patients	96	16
Patients X-Rayed	12	69
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophy- laxis)	510	257
Teeth Otherwise Conserved ..	352	—
Teeth Root Filled	—	2
Inlays	—	12
Crowns	—	8
Number of Courses of Treat- ment completed during the Year	1,645	372

PART B.—PROSTHETICS :

Patients Supplied with Full Upper

or Full Lower (First Time) .. 42

Patients Supplied with Other

Dentures 52

Number of Dentures Supplied .. 167

PART C. ANAESTHETICS :

General Anaesthetics Admin-
istered by Dental Officers Nil

PART D. INSPECTIONS :

	Children 0 — 4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections During year	A. 2,554	D. 346
Number of Patients in A and D above who required Treatment ..	B. 1,485	E. 340
Number of Patients in B and E above who were offered Treatment	C. 1,485	F. 340

PART E. SESSIONS

*Number of Dental Officer Sessions (i.e. Equivalent
Complete Half Days) Devoted to Maternity and
Child Welfare Patients :*

For Treatment 626.5
For Health Education 10.5

TABLE 14.
MIDWIFERY AND HOME NURSING SERVICE
MIDWIFERY

Year	Nurses and Midwives Employed	Private Midwives In County	Attended by Midwives	Attended by Private Midwives	Number of Patients Delivered in Hospitals and Other Institutions but Discharged and Attended by Midwives Before Tenth Day	Number of Patients Delivered in Hospitals and Other Institutions but Discharged and Attended by Private Midwives before Tenth Day
1965	126	8	1,144	109	5,435	14
1966	127	10	929	127	5,366	13
1967	126	3	707	69	5,746	4
1968	127	2	422	1	5,974	3
1969	127	1	253	1	6,293	—
1970	128	1	194	—	6,612	1

GENERAL NURSING

Year	New Cases	Total Visits	Number of Children Under 5 Years	Number of Old Persons Over 65 Years	Advisory Visits to all patients
1965	10,782	272,389	457	5,152	N/A
1966	11,164	282,587	461	5,305	N/A
1967	11,990	294,251	543	6,148	N/A
1968	14,304	318,665	701	6,680	N/A
1969	15,881	320,157	758	7,989	19425
1970	18,605	335,425	1084	9,226	22322

TABLE 15

VACCINATION AND IMMUNISATION

Completed Primary Courses — Number of persons aged under 16.

TYPE OF VACCINE OR DOSE	YEAR OF BIRTH					Others under age 16	Total 1970	Total 1969
	1970	1969	1968	1967	1963 -66			
Diph/Tet/W.Cough	203	4522	853	60	69	18	5725	5279
Diph/Tet. ..	4	22	13	10	144	211	404	246
Diphtheria only ..	—	2	1	—	2	4	9	12
Tetanus ..	—	4	1	3	16	365	389	441
Poliomyelitis ..	184	4485	864	76	213	423	6245	5523
Measles ..	18	1504	1580	638	970	116	4826	3210
Rubella ..	—	—	—	—	—	2069	2069	—

Reinforcing Doses :

TYPE OF VACCINE OR DOSE	YEAR OF BIRTH					Others under age 16	Total 1970	Total 1969
	1970	1969	1968	1967	1963 -66			
Diph/Tet/W.Cough	—	—	249	397	1381	40	2140	4463
Diph/Tet ..	1	4	43	130	4996	829	6003	6999
Diphtheria only ..	—	—	1	—	7	23	31	29
Tetanus ..	2	2	2	9	58	2146	2219	1352
Poliomyelitis ..	2	50	271	483	6349	3879	11034	13355

TABLE 16
AMBULANCE SERVICE
MILEAGE

SERVICE	North No. 1	North No. 2	Central	East	South East	South	Wallsend	West	TOTAL
Direct	87,145	85,096	298,042	207,649	199,786	405,467	100,032	—	1,383,217
British Red Cross Society	94,815	—	—	—	—	—	—	120,466	215,281
St. John Ambulance Brigade	—	—	—	—	—	—	—	48,012	48,012
Agents (including 'Bus Operators) ..	—	60,733	—	18,372	—	—	25,716	—	104,821
Total Ambulances ..	181,960	145,829	298,042	226,021	199,786	405,467	125,748	168,478	1,751,331
Ambulance Car Service	84,760	2,592	41,685	—	—	54,896	—	163,784	347,717
TOTAL SERVICE ..	266,720	148,421	339,727	226,021	199,786	460,363	125,748	332,262	2,099,048

TABLE 17

AMBULANCE SERVICE STATISTICS

STATIONS	VEHICLES	JOURNEYS	PATIENTS	MILEAGE
Alnwick	3	1,593	6,481	85,096
Ashington	6	5,888	21,640	124,922
Bedlington	5	3,483	13,768	102,938
Berwick	3	1,937	7,420	87,145
Blyth	4	3,560	14,145	104,711
Broomhill	3	1,593	7,773	81,890
Morpeth	4	2,683	11,988	91,230
Prudhoe	1	690	4,455	22,476
Seaton Delaval	4	2,940	11,908	92,191
Throckley	6	5,311	29,349	177,292
Wallsend	4	5,433	21,868	100,032
Whitley Bay	4	4,249	17,886	107,595
Wideopen	7	6,355	35,285	205,699
<i>Agency Services :</i>				
Smith's Rothbury ..	2	1,040	3,381	60,733
British Red Cross Society	9	4,335	19,493	215,281
St. John Ambulance				
Brigade	1	1,116	4,817	48,012
Private 'Bus Operators ..	2	964	6,970	44,088
	68	53,170	238,627	1,751,331
Car Operators	51	7,359	32,861	347,717

DETAILS OF PERSONS CARRIED.

Year	Accident and Emergency Stretcher Cases	Accident and Emergency Other Cases	Treatment (including Maternity Cases)	Others	Total Patients Carried	Relatives Carried	Total No. of Persons Carried
1965	6,090	5 530	191,870	7,396	210,886	60,561	271,447
1966	6,000	5,264	199,397	7,938	218,599	57,776	276,375
1967	6,022	5,678	206,121	8,833	226,654	57,137	283,791
1968	6,361	5,610	215,130	9,169	236,270	56,653	292,923
1969	6,441	5,867	222,163	10,160	244,631	58,021	302 652
1970	6,307	5,560	215,039	11,271	216,759	50,534	267,293 *

* Not comparable with previous years.

TABLE 18
HOME HELP SERVICE.

Area	Number of cases assisted.		Home Helps employed at 31st December	
	Full-time	Part-time	Full-time	Part-time
North No. 1	—	170	—	54
North No. 2	—	282	—	74
East	—	819	—	141
Central	—	750	1	149
South	1	1,017	—	246
South East	—	1,181	2	209
West	—	331	—	115
Wallsend	—	498	—	119
TOTALS	1	5,048	3	1,107

TYPES OF CASE ASSISTED

	Full-time	Part-time	Total	Total 1969
Confinement	1	52	53	57
Acute Illness	—	305	305	276
Old Age and Chronic Illness ..	—	4,600	4,600	4,341
Blind	—	61	61	64
Tuberculosis	—	17	17	17
Mentally Disordered ..	—	10	10	6
Problem cases— Including children in absence of mother	—	3	3	3
TOTALS	1	5,048	5,049	4,764

The number of Home Helps employed compared with last year was :—

	Full-time	Part-time	Total
31st December, 1970	3	1,107	1,110
31st December, 1969	3	1,063	1,066

TABLE 19
MENTAL HEALTH SERVICE

Number of mentally ill patients dealt with by Mental Welfare Officers under the Mental Health Act 1959 :—

	Male	Female	Total
Admitted for Observation (Section 25)	28	41	69
Admitted for Treatment (Section 26)	21	23	44
Admitted for Observation in Cases of Emergency (Section 29)	44	58	102
	93	122	215

SUMMARY OF VISITS MADE BY MENTAL WELFARE OFFICERS.

AREA	Subnormal and Severely Subnormal	Mental Illness	Social Welfare	Total
No. 1 Alnwick	518	937	647	2,102
2 Bedlington	691	904	1,096	2,691
3 Blyth	824	1,087	1,747	3,658
4 Wallsend	505	962	653	2,120
5 Throckley	1,214	1,919	1,591	4,724
	3,752	5,809	5,734	15,295

TABLE 20
NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31ST DECEMBER, 1970.

	Mentally Ill				Elderly mentally infirm		Psychopathic				Subnormal				Severely Subnormal				Total
	Under age 16		16 and over		M.	F.	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
(a) Total Number ...	—	—	125	189	19	60	—	—	9	1	10	16	83	90	136	125	212	191	1,266
(b) Attending training centres or industrial units ...	—	—	—	—	—	—	—	—	—	—	3	2	55	50	106	97	68	63	444
(c) Awaiting entry to training centre or industrial units	—	—	—	—	—	—	—	—	—	—	—	—	6	3	13	3	1	—	26

TABLE 21

WELFARE OF BLIND AND OTHER HANDICAPPED PERSONS

BLIND WELFARE

REGISTER OF BLIND PERSONS.

Total — 1st January, 1970							730
Names added to register :—							
New cases	..	..	..	..	..	76	
New cases transferred from register of							
Partially Sighted	..	..	..	..	..	12	88
Transfers In	..	..	..	..	..	—	17
							105
							865
Names removed from register :—							
Deaths	..	..	..	..	..	83	
Decertified	..	..	..	..	..	5	
Transfers out	..	..	..	..	..	14	
							102
Total — 31st December, 1970							763

REGISTER OF PARTIALLY SIGHTED —

Total — 1st January, 1970							257
Names added to register :—							
New cases	..	..	..	..	..	42	
Recertification	..	..	..	..	..	4	
							46
Transfers In	..	..	..	..	..	6	
							52
							309
Names removed from register :—							
Deaths	..	..	..	..	..	19	
Transfers to register of Blind	..	..	..	..	..	13	
Transfers Out	..	..	..	..	..	7	
Decertified	..	..	..	..	..	3	
							42
Total — 31st December, 1970							267

BLIND WELFARE OFFICERS VISITS—

Social visits (blind)	..	..	..	..	..	4,232
Social visits (partially sighted)	..	..	..	..	..	726
To give lessons	..	..	..	..	..	174
To investigate new cases	..	..	..	..	..	170
Special visits	..	..	..	..	..	1,566
To homes and hospitals	..	..	..	..	..	292
Conveyance to clubs	..	..	..	..	..	152
						7,312

CHILDREN.

On 31st December, 1970, the children on the register were classified as follows :—

Under 5—	Blind	Partially Sighted
At home.. .. .	2	1
Attending school or nursery school	1	—
	<hr/> 3	<hr/> 1
5 — 15		
Attending special schools	8	13
Attending other schools	1	6
Not at school—health reasons	1	—
Ineducable	2	2
	<hr/> 12	<hr/> 21

REGISTER OF GENERALLY HANDICAPPED

Total — 1st January, 1970		1,302
Names added to register :—		
New cases	223	
	<hr/> —	<hr/> 223
		<hr/> 1,525
Names removed from register :—		
Deaths	74	
Left district and miscellaneous removals from register	18	
	<hr/> —	<hr/> 92
Total — 31st December, 1970		<hr/> 1,433

VISITS PAID ON BEHALF OF
HANDICAPPED PERSONS

6,424

DEAF AND HARD OF HEARING

Total — 1st January, 1970		299
Names added to register :—		
New cases	14	
	<hr/> —	<hr/> 14
		<hr/> 313
Names removed from register :—		
Deaths	1	
Left district and miscellaneous removals from register	2	
	<hr/> —	<hr/> 3
Total — 31st December, 1970		<hr/> 310

VISITS PAID BY STAFF OF NORTHUMBERLAND AND DURHAM MISSION

At home	785
In hostels	135
At work	86
On behalf of deaf.. .. .	196
	<hr/> 1,202

(In addition, blind welfare officers in the North and West paid 51 visits to deaf persons).

TABLE 22

GENERAL HANDICAPPED—CLASSIFICATIONS
(including Children under 16)

		Total on register 31st December	New cases registered during year
A/E	Amputation	140	18
F	Arthritis and rheumatism	211	55
G	Congenital deformities	87	8
H/L	Diseases of the digestive and genito-urinary systems ; of the respiratory system (other than tuberculosis) and of the skin :—		
	Asthma	13	2
	Bronchitis and bronchiectasis	26	3
	Valvular disease of the heart, angina pectoris, cardiac degeneration, myocarditis, rheumatic heart, mitral stenosis	34	8
	Miscellaneous	10	3
		— 83	—
Q/T	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk injuries or diseases (other than tuberculosis) of the upper or lower limbs and of the spine :—		
	Paraplegia	77	5
	Osteomyelitis	5	1
	Muscular atrophy, dystrophy	21	1
	Miscellaneous injuries	124	11
		— 227	
V	Organic nervous diseases :—		
	Disseminated Sclerosis	155	23
	Epilepsy	61	6
	Parkinson's Disease	26	4
	Post Poliomyelitis	102	9
	Cerebral Palsy (Spastic)	89	—
	Hemiplegia	172	51
	Encephalitis Lethargica	5	1
	Miscellaneous	30	1
		— 640	
U/W	Neurosis, psychosis and other nervous and mental disorders (not included in V)	7	—
Y	Tuberculosis (non-respiratory)	11	—
Z	Miscellaneous	27	13
		1,433	223

TABLE 23
HOUSING

COUNTY DISTRICTS	NEW HOUSES COMPLETED DURING 1970				TOTAL 1969
	Local Authority	Other Housing Authority	Private	Total	
<i>Municipal Boroughs—</i>					
Berwick	—	—	13	13	16
Blyth	301	—	278	579	267
Morpeth	—	—	74	74	71
Wallsend	98	—	122	220	253
Whitley Bay	—	—	22	22	45
<i>Urban Districts—</i>					
Alnwick	—	—	6	6	31
Amble	—	—	4	4	59
Ashington	—	—	1	1	247
Bedlingtonshire	66	—	10	76	144
Gosforth	—	—	273	273	22
Hexham	—	—	6	6	18
Longbenton	284	—	250	534	369
Newbiggin-by-the-Sea ..	145	—	51	196	259
Newburn	342	262	100	704	1,777
Prudhoe	40	—	117	157	176
Seaton Valley	136	20	307	463	852
Boroughs and Urban Districts Total	1,412	282	1 634	3 328	4,606
<i>Rural Districts—</i>					
Alnwick	—	—	13	13	25
Belford	—	—	66	66	30
Bellingham	—	—	3	3	5
Castle Ward	14	—	151	165	200
Glendale	2	—	5	7	4
Haltwhistle	—	—	7	7	6
Hexham	69	—	93	162	165
Morpeth	62	—	59	121	85
Norham and Islandshires ..	—	—	12	12	4
Rothbury	—	—	11	11	20
Rural Districts Total ..	147	—	420	567	544
TOTALS	1,559	282	2,054	3,895	5,150

TABLE 24

SLUM CLEARANCE

COUNTY DISTRICTS	Formal Action		Discon- tinued Inform- ally	Deduct Houses in Col. 1 prev. reported as " Closed "	TOTAL Dis- CONTINUED
	Demol- ished	Closed not Demolished			
<i>Boroughs—</i>					
Berwick	3	1	3	—	7
Blyth	52	—	39	25	66
Morpeth	3	12	—	—	15
Wallsend	153	1	1	—	155
Whitley Bay ..	—	—	—	—	—
<i>Urban Districts—</i>					
Alnwick	14	6	1	4	17
Amble	1	3	1	—	5
Ashington	4	—	—	—	4
Bedlingtonshire ..	39	13	46	19	79
Gosforth	—	—	—	—	—
Hexham	6	—	2	5	3
Longbenton	157	4	—	—	161
Newbiggin-by- the-Sea	121	6	—	—	127..
Newburn	63	196	—	—	259
Prudhoe	14	15	—	—	29
Seaton Valley ..	207	23	—	—	230
Boroughs and Urban Districts Total ..	837	280	93	53	1,157
<i>Rural Districts—</i>					
Alnwick	15	—	—	—	15
Belford	—	—	7	—	7
Bellingham	—	—	—	—	—
Castle Ward	2	—	—	—	2
Glendale	—	—	—	—	—
Haltwhistle	—	—	—	—	—
Hexham	2	14	15	—	31
Morpeth	—	24	66	—	90
Norham and Islandshires	8	—	—	—	8
Rothbury	6	—	—	—	6
Rural Districts Total	33	38	88	—	159
TOTALS	870	318	181	53	1,316

TABLE 25

IMPROVEMENT GRANTS—(1) Standard Grants

COUNTY DISTRICTS	Number of separate houses for which grants were made	
	During 1970	Total to Date
<i>Municipal Boroughs—</i>		
Berwick	2	62
Blyth	16	139
Morpeth	19	147
Wallsend	42	394
Whitley Bay	27	110
<i>Urban Districts—</i>		
Alnwick	11	78
Amble	10	45
Ashington	32	183
Bedlingtonshire	5	109
Gosforth	27	209
Hexham	—	70
Longbenton	26	205
Newbiggin-by-the-Sea	38	167
Newburn	52	345
Prudhoe	6	47
Seaton Valley	25	223
Boroughs and Urban Districts Total ..	338	2,533
<i>Rural Districts—</i>		
Alnwick	17	323
Belford	—	46
Bellingham	6	56
Castle Ward	4	69
Glendale	—	169
Haltwhistle	6	114
Hexham	21	184
Morpeth	3	102
Norham and Islandshires	—	27
Rothbury	5	42
Rural Districts Total	62	1,132
TOTALS	400	3,665

NUMBER OF HOUSES PROVIDED WITH

	Bath or Shower	Washhand Basin	Hot Water Supply	W.C.	Sink
1970	190	215	235	349	92
Total to Date ..	2,262	2,523	2,282	2,812	553

IMPROVEMENT GRANTS—(2) Discretionary Grants

COUNTY DISTRICTS.	Applications dealt with during 1970			Total approved to date
	Submitted to local Authority	Rejected	Approved	
<i>Municipal Boroughs—</i>				
Berwick	50	—	50	290
Blyth	38	—	38	447
Morpeth	10	—	10	185
Wallsend	67	1	61	668
Whitley Bay	18	3	8	76
<i>Urban Districts—</i>				
Alnwick	9	—	9	161
Amble	18	2	16	295
Ashington	129	—	129	2,667
Bedlingtonshire	141	5	136	1,236
Gosforth	12	2	6	8
Hexham	23	2	21	251
Longbenton	80	26	54	454
Newbiggin-by-the-Sea	17	—	17	243
Newburn	6	—	6	325
Prudhoe	27	—	27	204
Seaton Valley	46	—	46	253
Boroughs and Urban Districts Total	691	41	634	7,763
<i>Rural Districts—</i>				
Alnwick	60	—	60	561
Belford	15	1	13	279
Bellingham	16	—	16	331
Castle Ward	18	1	17	517
Glendale	20	—	20	643
Haltwhistle	49	—	49	437
Hexham	93	—	93	1,391
Morpeth	19	—	19	694
Norham and Islandshires	23	—	23	348
Rothbury	5	—	5	388
Rural Districts Total	318	2	315	5,589
Totals	1,009	43	949	13,352

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